



ANTHONY G. BROWN
LT. GOVERNOR
STATE HOUSE
100 STATE CIRCLE
ANNAPOLIS, MARYLAND 21401-1925
(410) 974-2804
(TOLL FREE) 1-800-811-8336
TTY USERS CALL VIA MD RELAY

January 9, 2015

The Honorable Martin O'Malley
Governor of Maryland
State House
100 State Circle
Annapolis, MD 21401-1925

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House
100 State Circle, H-107
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
State House
100 State Circle, H-101
Annapolis, MD 21401-1991

Dear Governor O'Malley, President Miller, and Speaker Busch:

Pursuant to Executive Order 01.01.2011.09, we are pleased to submit to you a report detailing the progress of the Maryland Health Quality and Cost Council in 2014.

The Council is tasked with providing the leadership, innovation, and coordination of multiple stakeholders within our health system—payers, institutional providers, physicians, government, patients, and citizens—in an effort to improve the health of Maryland's citizens, maximize the quality of health care services, and contain health care costs.

During the past year, the Council's workgroups have made significant progress in implementing key strategies to improve health in Maryland. In addition, each workgroup has been charged with incorporating strategies to address health disparities into every initiative. This report summarizes the Council's activities in 2014. For example, the newly formed Value-Based Insurance Design Task Force convened throughout 2014 and developed a definition that was presented to the Maryland Health Benefits Exchange Board. The presentation was well received

January 9, 2015
Page Two

and the Maryland Health Benefits Exchange Board expressed interest in reviewing the Council's work on VBID. The Health Enterprise Zone Initiative is 18 months into its implementation phase, and continues to work towards meeting its goal of improving health and reducing health disparities in Maryland. Healthiest Maryland Businesses also continues to thrive with 325 companies enrolled in the program, representing over 270,000 Maryland employees and covering all 24 Maryland jurisdictions.

In 2015 the Council will continue to sustain successful initiatives while championing new areas of focus aimed at addressing the prevalence of heart disease, encouraging Marylanders to use high quality health services by lowering out-of-pocket costs, and leveraging the many opportunities provided by federal health reform.

We appreciate your continued support of the Council's activities. Should you have questions, please contact Sara Cherico-Hsii, Director of the Maryland Health Quality and Cost Council at 410-767-5660.

Sincerely,

A handwritten signature in black ink, appearing to read "AG Brown".

Anthony G. Brown
Lieutenant Governor
Chair, Maryland Health Quality and Cost Council

A handwritten signature in black ink, appearing to read "Laura".

Laura Herrera Scott, M.D.
Acting Secretary
Vice-chair, Maryland Health Quality and Cost Council

Enclosure

cc: Sara Cherico-Hsii
Ben Stutz
Donald Shell
Arlee Gist
Ben Steffen
David Sharp



MARYLAND HEALTH QUALITY & COST COUNCIL

ANNUAL REPORT TO THE GOVERNOR AND GENERAL ASSEMBLY

January 2015

**The Honorable Anthony G. Brown
Lieutenant Governor**

**Laura Herrera, M.D.
Acting Secretary, Department of Health and Mental Hygiene**

MARYLAND HEALTH QUALITY AND COST COUNCIL

Chair: Anthony G. Brown, Lieutenant Governor

Vice Chair: Joshua Sharfstein, M.D., Secretary, Department of Health and Mental Hygiene

Council Members

James S. Chesley, Jr., M.D.

Practicing Gastroenterologist

Richard "Chip" Davis, Ph.D.

President, Sibley Memorial Hospital

Barbara Epke, M.P.H., M.S.W., M.A.

Vice President, LifeBridge Health System

Nicolette Highsmith Vernick, M.P.A.

President and Chief Executive Officer, Horizon Foundation

Roger Merrill, M.D.

Chief Medical Officer, Perdue Farms Incorporated

Peggy O'Kane, M.H.S.

President, National Committee for Quality Assurance (NCQA)

Marcos Pesquera, R.Ph., M.P.H.

Executive Director, Center on Health Disparities, Adventist HealthCare, Inc.

E. Albert Reece, M.D., Ph.D., M.B.A.

Vice President for Medical Affairs, University of Maryland and Dean, University of Maryland School of Medicine

Vinaychandra K. Shah, M.D

Founder, Mid-Atlantic Medical Research Centers Shah Associates

Jon Shematek, M.D.

Senior Vice President and Chief Medical Officer, CareFirst BlueCross BlueShield

Kathleen White, Ph.D., R.N., C.N.A.A., B.C.

Associate Professor, Johns Hopkins University School of Nursing

Christine R. Wray, F.A.C.H.E.

President, MedStar St. Mary's Hospital and Senior Vice President, MedStar Health, Inc.

Primary Staff

Sara Cherico-Hsui, M.P.H (Director)
Health Policy Analyst-Advanced, Department of Health and Mental Hygiene

Laura Herrera, M.D., M.P.H.
Deputy Secretary for Public Health, Department of Health and Mental Hygiene

Arlee Gist
Acting Director, Office of Minority Health and Health Disparities, Department of Health and Mental Hygiene

Donald Shell, M.D., M.A.
Director, Center for Chronic Disease Prevention and Control, Department of Health and Mental Hygiene

Kristi Pier M.H.S., M.C.H.E.S.
Director, Center for Chronic Disease Prevention and Control, Department of Health and Mental Hygiene

Sara Barra, M.S.
Chief, Epidemiology and Special Project, Center for Chronic Disease Prevention and Control, Department of Health and Mental Hygiene

David Sharp, Ph.D.
Director, Center for Health Information Technology and Innovative Care Delivery, Maryland Health Care Commission

Sarah Orth, M.A.
Chief, Health Information Technology, Maryland Health Care Commission

TABLE OF CONTENTS

Executive Summary	3
Introduction and Background.....	6
Council’s Establishment and Purpose	6
Council Membership.....	6
Council Initiatives and Activities	7
Wellness and Prevention Workgroup	7
Evidence-Based Medicine Workgroup	13
Telemedicine Task Force	14
Health Disparities Workgroup	17
Cultural Competency Workgroup	25
Appendices	27
Appendix A: Workgroup Meeting Dates and Participants.....	27
Appendix B: Healthiest Maryland Participants and Regions.....	32
Appendix C: Healthiest Maryland Businesses Regions	45
Appendix D: Healthiest Maryland Businesses Success Stories	45
Appendix E: VBID Letter and Definition	52

EXECUTIVE SUMMARY

The Maryland Health Quality and Cost Council (Council), established by an executive order from Governor Martin O'Malley in 2007, is tasked with providing leadership, innovation, and coordination of multiple stakeholders within our health system—payers, institutional providers, physicians, government, patients, and citizens—in an effort to improve the health of Marylanders, maximize the quality of health care services, and contain health care costs. Over the past seven years, the Council has implemented numerous initiatives that are saving lives, improving quality and reducing health care costs. The Council is working to harness these strengths and make Maryland one of the healthiest states in the nation.

During the past year, the Council's workgroups have made significant progress in implementing key initiatives to improve the quality and reduce the costs of health care in Maryland. These efforts continue to complement the ongoing process to implement the Affordable Care Act in Maryland.

Wellness and Prevention. The Wellness and Prevention workgroup made substantial progress in fulfilling its mission of developing actionable wellness and prevention strategies to promote healthy lifestyles and improve health status. Healthiest Maryland is a 'grasstops' social marketing campaign that encourages leaders to promote wellness. The Healthiest Maryland Businesses initiative was launched as the cornerstone of the Healthiest Maryland campaign in 2010. Since then, 325 companies have enrolled, representing over 270,000 Maryland employees and covering all 24 Maryland jurisdictions. The addition of six Regional Coordinators has expanded recruitment and referral and improved technical assistance capabilities. Technical assistance on best practices is provided to these companies through direct consultation by certified worksite wellness specialists, regional events, and other efforts to improve the health status of state employees were expanded.

The workgroup also continues to support the Million Hearts™ Initiative, which aims to prevent one million heart attacks and strokes in the United States over the next 5 years by emphasizing the ABCS—Aspirin for those at risk, Blood pressure control, Cholesterol management, and Smoking cessation. The workgroup convened partners at the Maryland 2nd Annual Million Hearts Symposium.

Evidence-Based Medicine. The Evidence-Based Medicine (EBM) Workgroup is charged with prioritizing the widespread implementation of a discrete set of practices that have been shown to improve health care quality, decrease cost and could be instituted on a large scale

relatively quickly. Council member Peggy O’Kane, President of NCQA, is Chair of the EBM Workgroup.

In late 2012, the EBM workgroup began pursuing value-based insurance design (VBID) as a new strategy for promoting improved quality and health outcomes while keeping the costs of health plans low. VBID incentivizes health plan enrollees to increase utilization of high-value health services and reducing utilization of low-value services by adjusting cost-sharing. In December 2013, the Council passed a motion to create the Value Based Insurance Design Task Force to designate services and recommend individual policy options for promoting VBID in both health plans in the Maryland Health Benefits Exchange and self-insured plans.

The Task Force convened throughout 2014 to complete the assigned tasks, but quickly decided to develop a definition that could be applied statewide. Dr. Roger Merrill presented the Council’s work to the Maryland Health Benefits Exchange Board in November 2014. The presentation was well received and the Maryland Health Benefits Exchange Board expressed interest in reviewing the Council’s work on VBID.

The Maryland Hospital Hand Hygiene Collaborative formally ended in October 2014.

Telemedicine Task Force. Senate Bill 776, Telemedicine Task Force – Maryland Health Care Commission (SB 776), signed into law in May 2013, required the Maryland Health Care Commission, in collaboration with the Council, to reconvene the 2010 Telemedicine Task Force (Task Force) in order to identify opportunities for expanding telehealth adoption. The Task Force is comprised of three advisory groups: Clinical, Finance and Business Model, and Technology Solutions and Standards. The advisory groups met 17 times in 2014 and developed recommendations for accelerating telehealth adoption in the State. A report to the Governor and General Assembly regarding the final recommendations was submitted in October 2014. The Clinical Advisory Group recommended ten telehealth use cases aimed at improving patient outcomes and reducing health care costs, with an emphasis on vulnerable populations. The Finance and Business Model Advisory Group identified financial and business challenges of implementing the use cases and recommended organizations develop solutions unique to their patient populations. The Technology Solutions and Standards Advisory Group recommended the development of a telehealth provider directory, a publically available online listing of telehealth practitioners. The Task Force also recommended transitioning from using the term telemedicine to telehealth as a way of encompassing a broader scope of health care delivery.

Health Disparities. Lt. Governor Anthony Brown, Council Chair, championed the Health Enterprise Zone program as a critical strategy for improving health status, reducing health disparities, and lowering health care costs in areas of Maryland with poor health outcomes and high rates of poverty. In 2012, the General Assembly passed Senate Bill 234, which authorized the program based on the recommendations of the Health Disparities Workgroup, led by Council member E. Albert Reece, Dean of the University of Maryland School of Medicine. The HEZ Initiative is 18 months into its implementation phase, with DHMH and the Community Health Resources Commission providing leadership and the Council providing additional oversight and advice.

Five HEZs were named in 2013 in the following jurisdictions: Annapolis, Dorchester and Caroline Counties, Capitol Heights in Prince George's County, Greater Lexington Park in St. Mary's County, and West Baltimore. All of the selected HEZs have specific interventions targeted at chronic conditions such as cardiovascular disease, hypertension, and asthma. Implementation of the HEZ Initiative is ongoing, and efforts at the state-level are focused on providing technical assistance to support implementation and developing performance monitoring to assess the impact of the interventions.

Cultural Competency. In 2014, in support of the Council's work on the HEZs, the Minority Health and Health Disparities (MHHD) office held cultural competency training sessions at all of the HEZ sites. These trainings included meetings with HEZ leadership as well as full training sessions for on-site staff. Thirty-six individuals identified as leadership attended cultural competency orientations and full trainings were held for 240 HEZ staff members. Additional training sessions were also made available for provider groups working within the HEZs, and MHHD trained an additional 179 providers and front line staff at these organizations.

INTRODUCTION AND BACKGROUND

Council's Establishment and Purpose

In October 2007, Governor Martin O'Malley established the Maryland Health Quality and Cost Council (Council) by executive order.

The Council is tasked with providing leadership, innovation, and coordination of multiple stakeholders within our health system—payers, institutional providers, physicians, government, patients, and citizens—in an effort to improve the health of Maryland's citizens, maximize the quality of health care services, and contain health care costs.

The Governor's executive order suggests the promotion of wellness, the adoption of advancements in disease prevention and chronic care management, the increased diffusion of health information technology (HIT), and the development of a chronic care plan as important strategies for the Council to consider.

To further define and guide its work, the Council has articulated the vision and mission statements listed below.

Vision Statement: The State of Maryland is a demonstrated national leader in the implementation of innovative, effective cost containment strategies and the attainment of health and high quality health care. The State's efforts are guided by a commitment to ensuring that care is safe, effective, patient-centered, timely, efficient, equitable, integrated, and affordable.

Mission Statement: To maximize the health of the citizens of Maryland through strategic planning, coordination of public and private resources, and evaluation that leads to: effective, appropriate, and efficient policies; health promotion and disease prevention initiatives; high quality care delivery; and reductions in disparities in healthcare outcomes.

Council Membership

In addition to the Lieutenant Governor and the Secretary of the Department of Health and Mental Hygiene, who serve as the Council's Chair and Vice Chair, respectively, the Council consists of thirteen other members, each appointed by the Governor for a three-year term. In accordance with the executive order, the Council has at least one representative each drawn from the ranks of the health insurance industry, employers, health care providers,

health care consumers, and health care quality experts.

COUNCIL INITIATIVES AND ACTIVITIES

In accordance with Executive Order 01.01.2007.24, the Council is required to submit annually an update of activities for the previous year as well as recommendations for improving health care quality and reducing health care costs in the State. To guide this task, the Council has established the following priorities:

- Develop actionable wellness and prevention strategies to be integrated into a chronic care and disease management plan;
- Coordinate multi-phased quality and patient safety initiatives for acute hospitals settings;
- Develop actionable strategies to improve access and decrease health disparities for Maryland's minority populations;
- Explore the current state of telemedicine in Maryland, and study the feasibility of expanding telemedicine services across the state; and
- Develop and implement a strategy for incentivizing the use of high value health care services in health insurance plans.

Wellness and Prevention Workgroup

The Wellness and Prevention Workgroup developed actionable wellness and prevention strategies that fulfill the efforts of the Maryland Health Quality and Cost Council (HQCC) to advance wellness, prevention, and chronic care management toward the overarching goal of a healthier State. The aim is to make healthier choices easier, such as eating healthier by increasing access to healthy food, being physically active, and adhering to recommended preventive screenings and treatment, to decrease the prevalence of chronic disease, and improve life expectancy and health equity in Maryland.

2014 Wellness and Prevention Workgroup Strategies

Wellness and Prevention Workgroup activities align and support 11 health objectives related to wellness and prevention strategies, as defined by the Maryland State Health Improvement Process (SHIP), including:

1. Reduce deaths from heart disease;
2. Reduce diabetes-related emergency department visits;
3. Reduce hypertension-related emergency department visits;
4. Increase the proportion of adults who are at a healthy weight;
5. Reduce the proportion of children and adolescents who are considered obese;
6. Increase the proportion of adults who are physical active;

7. Reduce the proportion of adults who are current smokers;
8. Reduce the proportion of youths who use any kind of tobacco product;
9. Reduce the proportion of hospitalizations related to Alzheimer's disease and other dementias;
10. Increase the proportion of adolescents who have an annual wellness checkup; and
11. Increase the proportion of children and adolescents who receive dental care.

Strategy 1: Implement Healthiest Maryland throughout the State.

The Workgroup supports Healthiest Maryland, a grass-tops movement engaging leadership in communities, schools, businesses, and health care to make organizational commitments to promote wellness within their sphere of influence. The goal of this movement is to create healthy and supportive environments where Marylanders live, learn, work, and play through four complementary components: Healthiest Maryland Businesses, Healthiest Maryland Communities, Healthiest Maryland Schools, and Healthiest Maryland Health Care. Healthiest Maryland Businesses was prioritized by the HQCC with the purpose of creating a culture of wellness at all Maryland workplaces.

Healthiest Maryland Businesses

The Healthiest Maryland Businesses (HMB) initiative is the cornerstone of Healthiest Maryland. Enrolling businesses receive education and technical assistance and access to accredited workplace wellness resources. Participants are recognized for their commitment, and businesses with demonstrated best practices in implementing comprehensive wellness programs to promote total worker health are given special recognition.

Recruitment. To date, 325 companies have enrolled and made an organizational commitment (a list of participating companies and ambassadors is located in Appendix A). Participating companies are located in all 24 Maryland jurisdictions and reach over 270,000 full-time Maryland employees.

Referral. Prior HMB evaluation reported the need for technical assistance and diverse trainings to make sustainable changes in Maryland workplaces. Given the increasing demand for comprehensive workplace wellness programs and local expertise, HMB programmatic enhancements focus on providing more comprehensive technical assistance and trainings to employers through a regional approach. Specific HMB technical assistance and training activities include:

- Providing local outreach and technical assistance through six HMB Regional Coordinators – Western, Capital, Southern, Central, Mid-Eastern Shore, and Lower Eastern Shore (See Appendix B);

- Using the Center for Disease Prevention and Control's (CDC) Worksite Health Scorecard as a comprehensive program assessment tool to assess a business's baseline worksite wellness efforts and specific areas of improvement;
- Planning, promoting, and conducting regional HMB sponsored events (e.g Health Reform/Healthy Business Forums, Regional Forums) and collaborating with partners to provide additional educational opportunities;
- Capturing successes and developing a "library" of program success stories;
- Promoting relevant wellness opportunities (e.g. events, webinars, publications, funding) to participants, through email; and
- Providing subject matter expertise to the Council's Value Based Insurance Design Task Force regarding employer engagement.

The addition of six HMB Regional Coordinators has greatly expanded HMB recruitment and referral. This regional approach has provided a multitude of benefits to employers including: helping worksites to implement recommended food service guidelines (in alignment with the USDA Dietary Guidelines); instituting physical activity opportunities for employees; implementing value-based insurance design principles; promoting utilization of chronic disease self-management education programs to employees; and providing breastfeeding-friendly environments in worksites.

Recognition. Recognition efforts have been expanded to highlight worksite wellness success stories in the Department's quarterly newsletter and monthly email messages. This project features a Maryland employer with a successful or unique wellness program that aligns with CDC supported systems and environmental worksite changes. Please see Appendix C for examples of current HMB Success Stories.

Next Steps. The Wellness and Prevention Workgroup's on-going support in 2015 for HMB will include promoting partnering with local groups to increase recruitment and participation in regional forums, and sharing HMB success stories.

HMB 2015 activities will include:

- Providing technical assistance on program implementation to new businesses;
- Creating a database to collect and store Worksite Health Scorecard survey data;
- Updating HMB website to include a step-by-step guide to implementing a results-oriented program, program matrix of recommended strategies, and issue specific publications; and
- Developing a framework to recognize participants.

Strategy 2: The State of Maryland will design and implement statewide wellness practices.

In 2011, the Wellness and Prevention Workgroup agreed to champion the promotion of wellness practices for the State of Maryland as an employer. The Workgroup further recommended a program be created to design and implement healthy practices along with other comprehensive wellness programs on a broader scale.

State of Maryland Wellness Program

In 2014, the Department of Budget and Management (DBM) began offering a new wellness program for State employees, retirees, and enrolled spouses, to begin January 1, 2015. This program calls for completion of healthy activity requirements, such as designation of a Primary Care Physician (PCP) and completion of a Health Risk Assessment for CY2015. Rewards include waived co-payments for PCP visits; penalties include a surcharge deducted from bi-weekly or monthly pay starting January 1, 2016.

Next Steps. The Workgroup will continue to champion the new program as it begins in 2015 and expands in 2016 to include more Healthy Activity requirements, rewards, and penalties. DBM will monitor this program and report successes and barriers.

State of Maryland Medication Therapy Management pilot

In 2013, the DHMH and DBM collaborated with the University of Maryland, Baltimore to implement the P3 initiative offering Medication Therapy Management (MTM) and Comprehensive MTM Services to a pool of 5,000 state employees located in and surrounding the West Preston Street State Center Complex. The P3 initiative collaborated with DBM, Express Scripts, and State employee insurance providers to improve health outcomes for employees participating in the pilot while showing cost savings for the State. The Workgroup tracked the efforts of this project and provided feedback as appropriate.

Next Steps. The pilot ended in June 2014. After the conclusion of the pilot, an evaluation report was produced, showing the reach, participation, employee health outcomes, and potential cost savings. DBM will evaluate this report and use it as a reference for designing future employee benefits.

Certified Worksite Wellness Specialist training

The Workgroup tracks the efforts of the HMB program in its ongoing partnership with the National Wellness Institute, which provides HMB State and Regional Coordinators certification as Certified Worksite Wellness Specialists (CWWS). This certification program uses the most current information and research in the field to deliver the tools required to carry out a successful worksite wellness program. The CWWS designation is held for three years and individuals must complete continuing education requirements during each three

year certification period. Currently all six HMB Regional Coordinators hold CWWS certification.

Next Steps. HMB Regional Coordinators and State-level staff will complete continuing education requirements and will use this training to implement Regional Forums and provide technical assistance.

Partnership with the CDC Work@Health™ Initiative

HMB will continue to partner with the CDC on its Work@Health™ initiative.

Work@Health™, is an employer-based workplace training to improve the organizational health of participating employers, with an emphasis on strategies to reduce chronic disease and injury risk, and improve overall worker productivity. HMB will gain access to national worksite health data, as well as Maryland statewide and countywide data which will assist in HMB growth and development of new, relevant programs. Two HMB Regional Coordinators are trained on this program and employers are beginning to implement this program in their workplaces (see the Cambridge Pediatrics success story in Appendix C).

Next Steps. Work@Health recently completed its pilot phase and is collecting data from employers across the country. Once available, program results and employer feedback will be shared with HMB, and the curriculum for the employer-based workplace training will be updated based on the results. Additional training may be available next year to train additional HMB regional coordinators.

Strategy 3: Align and guide statewide Million Hearts efforts and share successes.

The Council supports the [Million Hearts™ Initiative](#), which aims to prevent one million heart attacks and strokes in the United States by 2017 by emphasizing the ABCS—Aspirin for those at risk, Blood pressure control, Cholesterol management, and Smoking cessation. The Council's [Million Hearts Action Plan](#) is in alignment with the [DHMH's commitment](#) to the Million Hearts™ initiative and complements [Maryland's Million Hearts Implementation Guide](#).

In October 2013, the State of Maryland entered into contract with the Association of State and Territorial Health Officials (ASTHO) to engage sites in Cecil County, St. Mary's County, Washington County and Baltimore City to enact Million Hearts strategies relating to hypertension. Leveraging several sources of funding, the Department collaborated with the State and local partners to:

- Share and improve access to data, best practices, and technical assistance;
- Strengthen community-clinical linkages and data sharing between providers;
- Enact best practices regarding hypertension management, to include lifestyle coaching/blood pressure checks, self-monitoring with clinical support, community-

based self-monitoring, Community Health Worker interventions, and case management;

- Convene partners at the Maryland 2nd Annual Million Hearts Symposium;
- Train medical professionals to accurately obtain and record blood pressure measurement and track undiagnosed hypertension and hypertension control in their patients; and
- Implement Maryland Medicaid Value-Based Purchasing to include Adult Body Mass Index (BMI), Comprehensive Diabetes Care, and Controlling Blood Pressure measures germane to Million Hearts.

Next Steps. Many of these activities will continue through leveraged resources and partnerships. In addition, an evaluation report will be written to document this project and to provide recommendations for sustainable practices to increase hypertension awareness and control. The Workgroup will continue to promote the work of DHMH and its Million Hearts partners.

2014 Wellness and Prevention Workgroup Priorities (Tracked Accomplishments)

- Recruited a total of 325 companies to participate in HMB;
- Identified and recognized companies for their successful wellness programs;
- Promoted worksite wellness evaluation to relevant stakeholders;
- Participated in the CDC Work@Health initiative training in Baltimore City;
- Implemented components of the CTG and Million Hearts communication plans by disseminating success stories; and
- Participated in the planning and implementation of a Maryland Million Hearts event.

2015 Wellness and Prevention Workgroup Milestones

- Recruit/retain at least 400 companies to participate in HMB (December 2015);
- Identify and recognize at least 20 companies for their successful wellness programs (December 2015);
- Promote worksite wellness evaluation to relevant stakeholders (on-going);
- Implement components of the Million Hearts communication plan by disseminating success stories (on-going);
- Participate in the planning and implementation of a Maryland Million Hearts event (February 2015) ; and
- Participate in the planning and implementation of a Maryland Chronic Disease Conference (September 2015).

Evidence-Based Medicine Workgroup

The Evidence-Based Medicine Workgroup is charged with prioritizing the widespread implementation of a discrete set of practices that have been shown to improve health care quality, decrease cost and could be instituted on a large scale relatively quickly. The Council initially termed such practices “low-hanging fruit” because the practices to be considered by the group were to be those that are evidence based, with little or no debate about their effectiveness, and that could be implemented in relatively short time periods. While initial efforts focused on hospitals, new initiatives are focused on health plans.

In 2012, Peggy O’Kane, President of NCQA, was named the new chair of the Evidence-Based Medicine workgroup. As leader of one of the nation’s leading authorities on quality improvement, she brings tremendous insight and know-how to the workgroup. The other Council members who participate in this workgroup are Barbara Epke, James Chesley, Chip Davis, Kathleen White, Roger Merrill, and Nicolette Highsmith Vernick.

The workgroup spent the majority of its time in 2014 on Value-Based Insurance Design. The Maryland Hospital Hand Hygiene Collaborative also formally ended in October 2014.

Value-Based Insurance Design

In 2012, the Council began evaluating high-deductible health plans, which require high levels of cost sharing by beneficiaries and have been shown to result in poor quality of care and poor health outcomes. It became a priority of the Council to explore and promote alternative health plan designs that are low cost but also promote high-quality care.

The Workgroup began pursuing value-based insurance design (VBID) as a new strategy for health plan design in 2012. VBID is an innovative solution to maximizing health outcomes with available health care dollars. In most health plans today, cost sharing is used to contain health care spending by exposing patients to out-of-pocket costs for specific services. Health plans generally set uniform cost sharing amounts for specific covered service. However, research shows that higher cost sharing reduces the use of services with high clinical benefit as well as services that provide little clinical benefit for the patient, and may result in worse health outcomes.

In contrast, the VBID approach aligns consumer incentives and payment strategies with value, using both benefits and costs to define value. It does so by reducing barriers, such as cost sharing, to high-value health services and discouraging the use of low-value health services. High-value services are those that have strong evidence of clinical value—typically primary preventive services and treatments for chronic diseases. In contrast, low-value services are those that do not have strong evidence of clinical value, such as services

identified by the *Choosing Wisely* campaign. When cost sharing incentives are used in a clinically nuanced manner, VBID improves health care quality and controls spending growth.

In December 2013, the Council passed a motion to create the Value Based Insurance Design Task Force (Task Force) to designate services and recommend individual policy options for promoting VBID in both health plans in the Maryland Health Benefits Exchange and self-insured plans. The Council assigned the Task Force six different tasks:

1. Use multiple evidence sources to determine specific clinical areas and services with the greatest potential for improved health outcomes and reduced health care costs.
2. Facilitate a strategic discussion about how the VBID program interacts and complements other elements of state health reform, including payment reform and adoption of health information technology, and incorporate into recommendations.
3. Educate providers, employers, and consumers about the basic tenets of VBID and why the state is embracing the concept.
4. Review and refine policy options developed by consultants and choose most appropriate options based on review of literature and identified list of specific clinical areas and services with greatest potential benefit.
5. Develop and present policy options and specific clinical areas and services to employer groups via Maryland's Healthiest Businesses.
6. Develop and present policy options and specific clinical areas and services to the Maryland Health Benefits Exchange Board.

The Task Force convened throughout 2014 to complete the assigned tasks, but quickly decided to develop a definition that could be applied statewide. The Council reviewed and revised the definition. The definition and a letter (Appendix E) supporting VBID was presented to the Maryland Health Benefits Exchange Board on Wednesday, November 12, 2014 by Dr. Roger Merrill. The presentation was well received and the Maryland Health Benefits Exchange Board expressed interest in reviewing the Council's work on VBID.

Telemedicine Task Force

The Maryland Health Care Commission (MHCC), in conjunction with the Council, reconvened the 2010 Telemedicine Task Force (Task Force) in July 2013 as required by State law to study the use of telehealth and identify opportunities for expanding telehealth

adoption.^{1,2} The Task Force consists of three advisory groups: Clinical Advisory Group, Finance and Business Model Advisory Group, and Technology Solutions and Standards Advisory Group. The law directed the Task Force to identify opportunities for using telehealth to improve health status and care delivery in the State; assess factors related to telehealth; identify strategies for telehealth deployment in rural areas; and determine the ability of telehealth to meet any increased demand for health care services due to implementation of the Patient Protection and Affordable Care Act. The law also required an interim report on the work of the Task Force to be submitted to the Governor, Senate Finance Committee, and House Health and Government Operations Committee by January 1, 2014, and a final report to be submitted by December 1, 2014.

Progress to Date

The Task Force advisory groups convened 17 times in 2014 and proposed recommendations for telehealth diffusion in Maryland. About 90 individuals, representing roughly 65 organizations from both private and public sectors, participated in Task Force meetings. The Clinical Advisory Group recommended ten use cases for implementation in pilot projects to accelerate use of telehealth.³ The use cases are intended to have an impact on vulnerable populations; be consistent with the goals of health care reform; and be implementable, testable, and cost-effective.^{4,5} The use cases are as follows:

1. *Improve transitions of care between acute and post-acute settings through telehealth*
2. *Use telehealth to manage hospital Prevention Quality Indicators⁶*
3. *Incorporate telehealth in hospital innovative care delivery models through ambulatory practice shared savings programs*
4. *Require value-based reimbursement models to factor in reimbursement for telehealth*
5. *Use telemedicine in hospital emergency departments and during transport of critically ill patients to aid in preparation for receipt of patient*
6. *Incorporate telehealth in public health screening and monitoring with the exchange of electronic health information*
7. *Deploy telehealth in schools for applications including asthma management, diabetes, childhood obesity, behavioral health, and smoking cessation*

¹ *Telemedicine Task Force – Maryland Health Care Commission*, Senate Bill 776 (Chapter 319) (2013 Regular Session). Available at: mgaleg.maryland.gov/2013RS/chapters_noln/Ch_319_sb0776E.pdf.

² The Task Force recommended transitioning from using the term *telemedicine* to the term *telehealth*, which includes related terminology, such as telemedicine, telecare, telelearning, etc. *Telehealth* as defined by the Task Force is: the delivery of health education and services using telecommunications and related technologies in coordination with a health care practitioner.

³ Use cases are defined as pilot projects narrow in scope to test concepts before introducing them more widely.

⁴ Some of the telehealth use cases are already in practice today.

⁵ The use cases are not intended to imply which health care services should be reimbursed by payors.

⁶ Hospital prevention quality indicators are a set of measures used nationally to assess quality and access to care in communities. For more information, visit: qualityindicators.ahrq.gov/modules/pqi_resources.aspx.

8. *Use telehealth for routine and high-risk pregnancies*
9. *Deploy telehealth services widely at community sites, connected to health care professionals and/or the statewide health information exchange*
10. *Use telehealth for remote mentoring, monitoring and proctoring of health care practitioners through telehealth for the expansion, dispersion and maintenance of skills, supervision, and education*

The Task Force developed supporting recommendations for the use cases. The Finance and Business Model Advisory Group focused on identifying the financial and business challenges of implementing the use cases, such as: reimbursement structure; practitioner availability for remote care delivery, monitoring, and care coordination; and practice transformation and redesign. The Finance and Business Model Advisory Group recommended that organizations deploying the use cases develop solutions unique to their organization and patient population to mitigate the challenges. The Technology Solutions and Standards Advisory group determined that the use cases could be implemented with current telehealth technology and identified the lack of availability of information about telehealth services as a barrier to telehealth diffusion. The Technology Solutions and Standards Advisory Group recommended the development of a telehealth provider directory (directory), a publicly available online listing of Maryland telehealth practitioners that could be made available through the State-Designated health information exchange. The Task Force also recommended transitioning from using the term *telemedicine* to the term *telehealth*, as telehealth encompasses a broader scope of health care delivery.⁷ The Task Force recommended adopting the following definition for *telehealth*: *the delivery of health education and services using telecommunications and related technologies in coordination with a health care practitioner*.^{8,9}

The Task Force requested the General Assembly provide \$2.5 million for the implementation of select telehealth use cases. The MHCC proposes to use its grants-making authority for issuing telehealth use case pilot projects.¹⁰ Implementation of the funded pilot projects will be structured as two-year partnerships, in which MHCC and each

⁷ Telemedicine, as currently defined in Md. Code Ann., Insurance § 15–139, is: *as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located*.

⁸ Telehealth includes the following technologies: real-time audio video conferencing; store-and-forward; remote monitoring; and mobile health.

⁹ The Department of Health and Mental Hygiene (DHMH) may specify by regulation the types of health care providers eligible to receive reimbursement for services delivered to Maryland Medicaid patients through telemedicine. DHMH may also authorize coverage and reimbursement for health care services delivered through store-and-forward technology or remote patient monitoring subject to the limitations of the State budget and in accordance with Medicaid regulations.

¹⁰ Md. Code Ann., Health-Gen. §19-109 (2014).

grantee will work collaboratively to implement and assess the impact of telehealth on quality of care, access to care, and cost of care. Part of the funding will be used to implement the telehealth provider directory. The funding aims to accelerate telehealth diffusion in the State, further enable the use of telehealth in health care reform, and inform the design of future telehealth uses in Maryland. A final report on Task Force recommendations was submitted to the Governor, the Senate Finance Committee, and the House Health and Government Operations Committee in October 2014.^{11, 12}

Health Disparities Workgroup

The Health Disparities Workgroup was charged with exploring and developing health care strategies and initiatives, including financial, performance-based incentives, to reduce and eliminate health disparities, and making recommendations regarding the development and implementation of those strategies. Strategy 1 proposed by the Workgroup was the creation of Health Enterprise Zones (HEZs). The HEZ Initiative is 18 months into its implementation phase, with DHMH and the Community Health Resources Commission providing leadership and the Council providing additional oversight and advice.

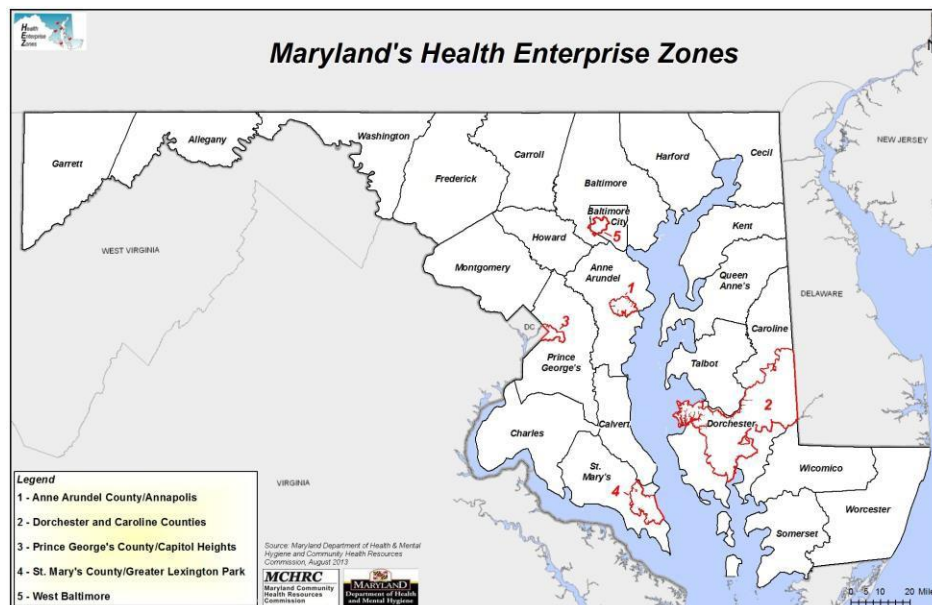
Health Enterprise Zones

Health Enterprise Zones are defined as geographic areas in Maryland with poor health outcomes and/or documented health disparities that are eligible for specific policy incentives and funding opportunities to address poor health outcomes through healthcare-level, community-level, and individual-level interventions. The HEZ Initiative's enacting legislation, The Maryland Health Improvement and Disparities Reduction Act of 2012, was passed on April 10, 2012. The first five HEZs in Maryland (Figure 1) were designated in December 2012. Below is a summary of the progress of the five Zones to date.

¹¹ MHCC, *Maryland Telemedicine Task Force Final Report*, October 2014. Available at: mhcc.maryland.gov/mhcc/pages/hit/hit/documents/TLMD_MD_TLMD_TTF_Rpt_10141017.pdf.

¹² An interim report on the work of the Task Force was released in December 2013. MHCC, *Maryland Telemedicine Task Force Interim Report*, December 2013. Available at: mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/TLMD_TTF_Interim_rpt_20131201.pdf.

Figure 1. Maryland's Health Enterprise Zones



Annapolis/Morris Blum (Suburban Zone)

Goals. The Annapolis Community Health Partnership's (ACHP) goals included establishing a trusted source of primary care within the Morris Blum senior housing facility for its residents and the surrounding community, and screening and treating patients for cardiovascular risk factors, including diabetes, hypertension, hyperlipidemia, obesity, and smoking. By addressing risk factors and managing chronic disease, ACHP expects to reduce preventable 911 calls, emergency department (ED) visits, and admissions and readmissions for the population served.

Key Interventions and Milestones: ACHP reports adding 4 FTE, including 1 Licensed Independent Practitioner FTE and 1 Other Licensed or Certified Health Care Practitioner FTE, to support the new Morris Blum clinic, which opened in October 2013, and as of September 30, 2014 has provided 1,942 patient visits to 1,218 patients who live in the Morris Blum residence and the surrounding community. To improve coordination of care, the practice has been supported by AAMC's integrated electronic medical record, which is shared by the hospital and multiple specialty practices and identifies patients who have been inpatient or visited the ED. Diabetes self-management and smoking cessation workshops, which started in January 2014, have been provided for 89 participants. Onsite phlebotomy services enhance the likelihood that patients get testing done. A care coordinator helps patients navigate the health system and a collaborating mental health provider helps integrate behavioral health with ACHP's primary care medical home (PCMH). Vulnerable ACHP patients benefit from home visits by the doctor, which are supplemented by community health worker (CHW) interventions provided by a

collaborator. Family meetings are held to discuss goals of care for those with advanced complex illnesses and ACHP has developed a number of public health programs to support residents and clinic patients in their self-management efforts. The most popular have been blood pressure screenings, medication reconciliation and nutrition classes, and walking groups, which collectively have served over 1,000 participants. ACHP has also collaborated with DHMH's Office of Minority Health and Health Disparities to provide cultural competency training to Morris Blum staff and is currently working to develop a diabetes patient registry.

Caroline/Dorchester Counties (Rural Zone)

Goals: The Caroline/Dorchester Competent Care Connections (CCC) HEZ's goals are to: 1) improve outcomes and reduce risk factors related to diabetes, hypertension, and behavioral health; 2) Improve behavioral health support and addiction recovery rates; 3) Increase the primary care and community health workforce; 4) Increase community health resources, access to healthy food, safe physical activity and support for optimal mental health and addiction recovery; 5) Reduce ED visits and hospitalizations for diabetes, hypertension and behavioral health; and 6) Reduce unnecessary health-care cost related to ED visits and preventable diseases.

Key Interventions and Milestones: The Zone has utilized loan repayment incentives to expand the primary care workforce by adding 23.11 FTE in the Zone to date, including 3.6 Licensed Independent Practitioner FTEs and 6.93 Other Licensed or Certified Health Care Practitioner FTEs. The HEZ practitioners and community resources have provided 6,188 visits and encounters to 1,429 patients and clients through September 30, 2014 across the Zone. Case management services and community-wide enabling supports for patients with high hospital utilization due to chronic disease have been expanded and are expected to improve patient compliance and decrease ED visits and admissions for chronic disease. CCC reports that 346 patients have participated in care coordination, peer recovery support and weight management programs through September 30, 2014. The expanded Mobile Crisis Team has served 187 individuals and reduced response time to mental health crises in Caroline and Dorchester Counties from over one hour to 11 minutes. Expanded outpatient behavioral health services for adolescents through School Based Wellness Centers in Caroline and Dorchester Counties have provided services to 83 students. The community-focused interventions deploy Community Health Outreach Workers (CHOWs), who have provided education or health screenings to over 500 individuals. CCC also reports that training in cultural competency and health literacy is ongoing for all CCC-HEZ partners.

Prince George's County Health Department/Capitol Heights (Suburban Zone)

Goals: The Prince George's County HEZ (PGCHEZ) seeks to achieve the following primary

goals by December 31, 2016: (1) increase accessibility and availability of primary care services in zip code 20743; (2) improve health outcomes for the residents of zip code 20743; (3) increase the number of CHWs delivering services; (4) increase community resources for health; (5) and reduce preventable hospitalizations and ED visits.

Key Interventions and Milestones: PGCHEZ's key program interventions include expanding the primary care workforce in the Zone to staff five newly established PCMH hubs and their satellite offices. As of September 30, 2014, Global Vision and Gerald Family Care have been opened and Greater Baden Medical Services (a Federally Qualified Health Center, or FQHC) and Prince George's County Health Department services have been expanded through the addition of 11.1 FTEs, including 2.6 Licensed Independent practitioner FTEs and 2 Other Licensed or Certified Health Care Practitioner FTEs. These providers and the practices they enhanced have provided 21,552 visits to 7,800 patients. The PGCHEZ is also working to improve the quality of primary care by promoting the use of a Wellness Plan, or individualized care plan integrated into each patient's electronic health record (EHR). The Wellness Plans recently completed development and have been created for 34 HEZ patients. Five FTE CHWs have been hired to conduct outreach, provide referral and navigation services and work with the Prince George's County Health Department's Medical Mall care coordination hospital transition team to prevent hospital readmissions among Zone residents. To date, 120 patients have been served through the CHW care coordination program. The PGCHEZ has developed a county health information exchange which is linked to Maryland's Health Information Exchange and allows for laboratory, radiology and clinical records to be delivered to HEZ providers from 96 hospitals. The PGCHEZ is also working to ensure cultural, linguistic and health literacy competency of Zone operations by launching a comprehensive health literacy campaign and requiring all Zone providers and their staff to complete cultural competency training.

St. Mary's County/Greater Lexington Park (Rural Zone)

Goals: The goals of the Greater Lexington Park HEZ (GLP HEZ) include: (1) Expand and integrate the primary care and community health workforce through the recruitment of primary care, behavioral health, and dental service providers in the HEZ. (2) Reduce unnecessary ED usage for hypertension/high blood pressure, asthma, diabetes and reduce unnecessary readmissions for congestive heart failure and chronic obstructive pulmonary disease, which translates into reduced health care costs. (3) Improve health outcomes for racial and ethnic minority populations in the HEZ through the implementation of promising practices and evidence-based approaches for delivering culturally competent healthcare to increase preventive health screenings and early disease detection. (4) Increase community resources in the HEZ that will facilitate access to local health care and human services and improve the physical environment of the HEZ.

Key Interventions and Milestones: The GLP HEZ has added 12.0 FTEs in the Zone, including 0.3 Licensed Independent Practitioner FTEs and 4 Other Licensed or Certified Health Care Practitioner FTEs. These practitioners, along with existing provider resources, have collectively provided 4,947 visits to 1,955 patients through the Zone practices. This includes patients served at the Med Star St. Mary's *Get Connected to Health* mobile clinic, which has been providing in kind primary care services, integrated with Walden Sierra behavioral health services, to patients who live in the Zone until the new Community Health Center is opened in the Zone in 2015. The GLP HEZ postponed the opening of its new Community Health Center until late 2015 due to siting challenges. The GLP HEZ also facilitated the opening of a primary care office in September 2014 to provide services to Zone residents while the Community Health Center is under construction. The GLP HEZ has also developed a 16-mile Mobile Medical Route, which has provided 3,346 rides as of September 30, 2014 to medical appointments, pharmacies, grocery stores, parks, and other human services environments, and they have equipped a mobile dental van, which will start service in December 2014. Medical stability is also provided through care coordination services, which include social support and navigation services through Neighborhood Wellness Advocates (NWAs) and nurse care coordinators, who have served 363 patients to date. The NWAs also provide appropriate education through evidence-based programs to increase self-management skills for targeted diseases.

West Baltimore Primary Care Access Collaborative (Urban Zone)

Goals: The West Baltimore Primary Care Access Collaborative (WBPCAC) has committed to improve health outcomes in its targeted areas with the following specific and quantifiable goals: (1) By 2016, reduce by 15% cardiovascular disease risk factor prevalence among West Baltimore residents. (2) Increase by 48 the number of primary care professionals within the HEZ by 2015. (3) By 2016, reduce by 15% the number of preventable E.R. visits, and by 10% the number of preventable hospitalizations of cardiovascular disease (CVD) patients. (4) Increase by 11 the number of community health workers (CHWs), by December 2013. (5) By 2014, create a mechanism to identify and implement interventions to increase community resources for health. (6) By 2016, reduce by 10% unnecessary costs of caring for West Baltimore residents with CVD.

Key Interventions and Milestones: WBPCAC has improved access to and the quality of healthcare by adding 28.5 FTEs in the Zone, including 13 Licensed Independent Practitioner FTEs and 3 Other Licensed or Certified Health Care Practitioner FTEs, and provided training to many others. These practitioners and their enhanced practices have collectively provided 33,818 visits to 19,996 patients who reside in the Zone. WBPCAC has also deployed 11.5 CHW FTEs in the Zone who have 3,414 encounters with patients, including 1,875 health screenings to maximize patient utilization of health and social services and integrate care coordination and community health worker services at HEZ clinical sites. A chronic disease self-management course has been developed, and fitness

classes have been provided to 457 Zone residents and cooking classes to 170. Scholarships have been awarded to community members to support training for health and social service careers and efforts to improve cultural competency skills and resources have been implemented.

Zone Challenges

The Zones have encountered several challenges while implementing their HEZ work plans. Key challenges to date include:

- recruiting and retaining primary care, dental and behavioral health providers in some Zones, particularly the rural Zones;
- acquiring suitable buildings for new practices;
- collecting and reporting data and aggregating data across multiple EMR systems and paper-based systems;
- utilizing the HEZ tax and loan repayment incentives;
- attracting patients and participants to the new HEZ practices and programs;
- reaching the most at-risk patients;
- educational and health literacy barriers among target patients;
- changing patient health care utilization patterns;
- fully utilizing community health workers; and
- transportation to new practices and programs.

The State Team is working with the Zones to address these and other challenges through implementation of its HEZ technical assistance plan.

State Technical Assistance to the Zones

The State HEZ Team, led by a 0.9 FTE HEZ Director that was hired by the CHRC and DHMH in January 2014, has been focused on developing and implementing the State's HEZ technical assistance plan. This plan outlines technical assistance needs, strategies and tasks for implementation by the State Team with the Zones. Technical assistance domains include cultural competency; utilization of HEZ incentives; accessing health data; program performance and measurement; Zone strategic planning; promotion and marketing of Zone programs and services; development and implementation of CHW and care coordination programs; chronic disease management; behavioral health; and sustaining HEZ efforts by engaging physicians, hospitals, and payers.

The State is providing the technical assistance largely through a variety of meetings with the Zones, State HEZ Team, and other experts and stakeholders. Maryland DHMH and the University of Maryland School of Medicine (UM SOM) held a conference on May 19, entitled "Maryland Health Enterprise Zones: Using Incentives to Drive Local Progress." This event, which was supported with a grant from the Robert Wood Johnson Foundation, brought

together more than 200 local, state, and national stakeholders to collaborate on ways to ensure health equity and improved health care for all Marylanders.

The conference started with keynote presentations by respected thought leaders in health care including, Jeffrey Brenner, MD, Executive Director of New Jersey's Camden Coalition of Healthcare Providers; Robert Greenbaum, PhD, Associate Director at The Ohio State University's Center for Urban and Regional Analysis; and Gerard Clancy, MD, President of the University of Oklahoma, Tulsa. Dr. Brenner focused on the value of data as a key tool in improving health and reducing costs. Dr. Greenbaum provided strategic insights on addressing health disparities and discussed the importance of evaluation and long-term analysis of key data. Dr. Clancy offered real-life applications by highlighting the accomplishments of Tulsa's team-based model for health care and education built on the use of academic medicine to improve the health of individuals and communities in Oklahoma.

Panelists with diverse expertise in economic and social enterprise initiatives shared their experiences and provided guidance on key considerations for promoting health equity. Interactive panel and audience discussions addressed the challenges and opportunities of HEZs and provided insights into ongoing efforts to address health disparities.

Site visits were conducted with all Zones in summer 2014 by the State HEZ Team in order to assess progress, provide technical assistance, and identify technical assistance needs. Also, revisions were made to the Zones' reporting templates starting with year two of the Initiative in April 2014 in order to better capture the Zones' progress and challenges.

Finally, the State HEZ Team is hosting its first All Zone Meeting on Wednesday, December 3rd from 9am until 2pm. It is expected that these All Zone Meetings will continue at least semi-annually throughout the remainder of the grant period and will serve as the primary method for providing technical assistance to the Zones. The goals of these meetings include: renewing the focus on resources/strategies and expected outcomes specified in the Minority Health Improvement and Disparities Reduction Act of 2012; increasing knowledge about how the HEZs align with other State programs and priorities; increasing grantee capacity to maintain and sustain work toward HEZ goals and objectives by obtaining resources and tools from fellow HEZs, the state technical assistance team, and subject matter experts; expanding and enhancing knowledge, skills, and abilities of targeted and sustainable strategies and practices that will help strengthen services and outcomes; communicating strategies and lessons learned across Zones; and celebrating the HEZ Initiative accomplishments and opportunities for success.

Monitoring Performance and Assessing Impact

The initial five HEZs have been closely monitored through site visits, quarterly reports that include process and outcome metrics, and semi-annual program narratives describing Zone progress, challenges, and strategies for success.

The Act requires the Department and the Commission to submit an annual report to the Governor and Maryland General Assembly that includes: (1) number and types of incentives utilized in each HEZ; (2) evidence of the impact of tax and loan repayment incentives in attracting practitioners to the HEZs; (3) evidence of the impact of incentives offered in HEZs in reducing health disparities and improving health outcomes; and (4) evidence of the progress in reducing healthcare costs and hospital admissions and readmissions in HEZs. These metrics are being collected through the Zones' quarterly reports to the state.

Additionally, the state is working with the five HEZs to develop sustainability plans to support the activities once the four-year pilot program concludes. These strategies include exploring the means to identify reductions in hospital admission and readmission costs and redeploying the savings that are achieved to support long-term program sustainability.

There will be an independent evaluation of the HEZ Initiative, which will be conducted by the Johns Hopkins Bloomberg School of Public Health's Center for Health Disparities Solutions. The HEZ evaluation contract was executed on October 29, 2014 and the evaluation team is working to finalize their evaluation study design and methods, which are due to the state in January 2015. The evaluation will include an assessment of the overall impact of HEZ Initiative in terms of its three policy goals: (a) reducing health disparities among racial and ethnic groups and between geographic areas; (b) improving health care access and health outcomes in underserved communities; and (c) reducing health care costs and hospital admissions/readmissions by providing a variety of incentives. It will also include an assessment of the performance of the Zones towards their individual programmatic goals and the targeted health outcomes of each HEZ program, and resident and health provider experience and participation in the Zones.

Finally, an economic impact assessment of the five Zones will be conducted as part of the evaluation along the following criteria: (a) cost savings achieved by the Zones in terms of reduced hospital expenditures; (b) number and type of incentive programs used by the Zones and their impact on hiring and service expansion; (c) number of direct and indirect jobs added by the Zones; and (d) additional economic activity generated by the Zones. The evaluation team's first report of findings is due in May 2015.

Cultural Competency Workgroup

In 2013, the Minority Health and Health Disparities (MHHD) office within DHMH used assessment criteria recommended by Cultural and Linguistic Competency Workgroup of the Health Disparities workgroup to develop a cultural and linguistic competency assessment tool for organizations requesting tax incentives as part of the HEZ program. The HEZ tax incentive program has reporting requirements for organizations which include an assessment of cultural competency and submission of the results to DHMH. The tool, MHHD's *Cultural Competency Assessment Survey*, has been made available online to the HEZs. The hiring tax credit is expected to be launched at the end of 2014. The organization that employs both providers receiving loan repayments has also been asked to complete the assessment and has complied with the request.

Additional cultural competency reporting requirements have been developed by MHHD for healthcare providers seeking loan repayments or tax incentives through the HEZ program. Each provider is required to complete 6 continuing education credits (CEs) in cultural competency within 12 months of the initial application, with proof of completion to be sent to DHMH. MHHD has provided a list of applicable online cultural competency training courses available for providers, but any course in cultural competency which provides an adequate number of CMEs is acceptable. Six provider applicants that have applied for the health care practitioner income tax credit have completed six CEs in cultural competency. One of the two recipients of the State Loan Repayment Program has completed six CEs in cultural competency and the other provider has until June 30th to complete cultural competency training.

In 2014, MHHD held cultural competency training sessions at all of the HEZ sites which included meetings with HEZ leadership as well as full training sessions for on-site staff (See Table below). Additional training sessions were also made available for provider groups working within the HEZs, and MHHD trained an additional 179 providers and front line staff at these organizations. At the start and completion of each session, attendees were asked to complete a questionnaire. The questionnaire measured attendees' knowledge of and opinions on health disparities in their community, the overall importance of cultural competency for an organization, the importance of cultural competency in their work, and their confidence in being able to address some of their own biases and pre-conceived notions about race and ethnicity. Participants at the sessions showed an increase in confidence and knowledge.

Thirty-six individuals identified as leadership attended cultural competency orientations and full trainings were held for 240 HEZ staff members.

MHHD's HEZ Cultural Competency Training Table

HEZ (Practice)	DATE	# Leadership	# Staff
Anne Arundel County	2/11/2014	7	14
Dorchester-Caroline Counties	3/11/14	5	8
West Baltimore	4/14/14	14	-
West Baltimore	5/8/14		8
St. Mary's County	7/22/14	4	18
Prince George's County	7/29/14	5	14
Prince George's County (Global Health)	9/5/14	1	4
Prince George's County (Greater Baden Medical Systems)	9/26/14	-	147
Prince George's County (Gerald Family Care)	10/8/14	-	27

MHHD's goal is to re-visit the HEZ sites to assess whether staff have adopted more culturally competent behavior and hold additional training sessions for new staff and refresher training sessions for those who attended previous sessions.

APPENDICES

Appendix A: Workgroup Meeting Dates and Participants

Wellness and Prevention Workgroup

Council Members

Christine Wray (Chair)

E. Albert Reece

James S. Chesley

Jon Shematek

Peggy O'Kane

Roger Merrill

Staff

Kristi Pier, DHMH

Sara Barra, DHMH

Donald Shell, DHMH

Meeting Dates

May 29, August 28, October 30

VBID Task Force

Members

James Chesley, MD Practicing Gastroenterologist

Larry Gross Executive Director, Market Development , Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Nicolette Highsmith Vernick, MPA, President and CEO, Horizon Foundation

Edward Koza, MD, Medical Director, UnitedHealthcare of the Mid-Atlantic

Lindsay H. Lucas, MBA, Product Director, CareFirst BlueCross Blue Shield

Roger Merrill, MD, Chief Medical Officer, Perdue Farms, Inc.

Anne Timmons, CEBP, Director, Employee Benefits Division, Maryland Department of Budget and Management

Brenda Wilson, Associate Commissioner, Life and Health, Maryland Insurance Administration

Lisa Lattal Ogorzalek, JD, MHA, FACHE, Senior Director, Managed Care Contracting Office of Managed Care, Johns Hopkins HealthCare LLC

Staff

Sara Cherico-Hsii, DHMH

Laura Herrera, DHMH

Donald Shell, DHMH

Mona Gahunia, DHMH

Meeting Dates

February 11, March 12, April 25, May 16, and June 13

Telemedicine Task Force

Clinical Advisory Group

H. Neal Reynolds (Chair), University of Maryland School of Medicine
Salliann Alborn, Community Health Integrated Partnership
Jillian Aldebron, Public Policy Partners
Eric Aldrich, Howard County General Hospital
Anna Aycock, Maryland Institute for Emergency Medical Services Systems
David Brennan, MedStar Institute for Innovation
Alyssa Brown, Department of Health and Mental Hygiene
J. Theodore Brown, Virtual Health Systems, Inc.
Ernest Carter, Prince George's County Department of Health
Michelle Green Clark, Maryland Rural Health Association
Carlton Curry, Maryland Board of Physical Therapy Examiners
Steve Daviss, FUSE Health Strategies
Frederick Harrison, WilHar Consulting LLC
Zereana Jess-Huff, ValueOptions
David Jones, Maryland Board of Pharmacy
Bonnie Katz, Sheppard Pratt Health System
Laura Kelley, Peninsula Regional Medical Center
John Kornak, University of Maryland Medical Center
Robert Kritzler, Johns Hopkins HealthCare LLC
Kristen Neville, Department of Health and Mental Hygiene
Mimi Novello, MedStar Franklin Square Medical Center
Laura Pimentel, Maryland Chapter, American College of Emergency Physicians
David Pruitt, University of Maryland School of Medicine
Deb Rivkin, CareFirst BlueCross BlueShield
Robert Roca, Sheppard and Enoch Pratt Health System & Maryland Board of Physicians
Rosemarie Satyshur, University of Maryland School of Nursing
Nancy Smith, Nurse Practitioner Association of Maryland
Marla Spring, Consumer
Barney Stern, University of Maryland School of Medicine
Melissa Tiedeman, University of Maryland School of Pharmacy
Joe Warren, Johns Hopkins Hospital and School of Medicine
Rondalyn Whitney, Maryland Occupational Therapy Association
Kathy Wibberly, Mid-Atlantic Telehealth Resource Center
Daniel Winn, CareFirst BlueCross BlueShield

Teresa Zent, American Heart and Stroke Association
Christine Zimmerman, Kaiser Permanente
Marc T. Zubrow, University of Maryland Medical System

Finance and Business Model Advisory Group

Ben Steffen (Chair), Maryland Health Care Commission
Jillian Aldebron, Public Policy Partners
Tyler Bennett, Alexander & Cleaver
Joseph Bezek, Johns Hopkins University School of Medicine
Jessica Boutin, CareFirst BlueCross BlueShield
Stacey Breidenstein, CareFirst BlueCross BlueShield
David Brennan, MedStar Institute for Innovation
Michelle Green Clark, Maryland Rural Health Association
Michael Cohen, Cigna HealthCare
Matt Emerson, Johns Hopkins Medicine
Stuart Erdman, Johns Hopkins Health System
Cynthia Fleig, UnitedHealthcare
Sylvia Glatt, CareFirst BlueCross BlueShield
Howard Haft, Shah Associates
Jeanne Hamilton, Maryland Physicians Care
Zereana Jess-Huff, ValueOptions
David Jones, Maryland Board of Pharmacy
Danna Kauffman, Schwartz, Metz and Wise, P.A
Robert Kertis, Calvert Memorial Hospital
Robert Kritzler, Johns Hopkins HealthCare LLC
William Lopez, Cigna HealthCare
Christi Megna, Department of Health and Mental Hygiene
Cheryl Nottingham, Atlantic General Hospital
Temi Oshiyoye, Department of Health and Mental Hygiene
Tiffany Penenburgh, CareFirst BlueCross BlueShield
Sue Phelps, Johns Hopkins HealthCare LLC
Elizabeth Raitz-Cowboy, Aetna, Inc.
H. Neal Reynolds, University of Maryland School of Medicine
Tricia Roddy, Department of Health and Mental Hygiene
Rosemarie Satyshur, University of Maryland School of Nursing
Barney Stern, University of Maryland School of Medicine
Anne Timmons, Maryland Department of Budget and Management
Ann Walsh, Department of Health and Mental Hygiene
Scott Yarbrough, Aetna, Inc.
Teresa Zent, American Heart and Stroke Association

Technology Solutions and Standards Advisory Group

David Sharp (Chair), Maryland Health Care Commission
Raymond Adkins, Peninsula Regional Medical Center
Anna Aycock, Maryland Institute for Emergency Medical Services Systems
David Balthis, Maryland Institute for Emergency Medical Services Systems
Lee Barrett, Electronic Healthcare Network Accreditation Commission
Ed Brill, OPTI Connectivity, Inc.
J. Theodore Brown, Virtual Health Systems, Inc.
Bill Byers, Western Maryland Health System
Ernest Carter, Prince George's County Department of Health
Joseph Daniels, The Josa Group, LLC
Charlotte Davis, Rural Maryland Council
Peggy Duckworth, Verizon Enterprise Solutions
Matt Emerson, Johns Hopkins Medicine
Robert Enten, Gordon Feinblatt, LLC, representing UnitedHealthcare
Albert Ferreira, Holy Cross Health Network
Cynthia Fleig, UnitedHealthcare
Michael Franklin, Atlantic General Hospital
Alexis Slagle Gilroy, Jones Day
Howard Haft, Shah Associates
Jeanne Hamilton, Maryland Physicians Care
David Horrocks, Chesapeake Regional Information Systems for our Patients
Changrong Ji, CareFirst BlueCross BlueShield
Kevin Kelly, University of Maryland
Simon King, MedVision, LLC
John Kornak, University of Maryland Medical Center
Anne Lara, Union Hospital of Cecil County
Luigi Leblanc, Zane Networks, LLC
Lisa Lyons, Allegany County Health Department
Paul Messino, Department of Health and Mental Hygiene
Ron Moser, Electronic Healthcare Network Accreditation Commission
Diana Nolte, Worcester County Health Department
Chris Novaco, MedStar Health Information Services
Temi Oshiyoye, Department of Health and Mental Hygiene
H. Neal Reynolds, University of Maryland School of Medicine
Barney Stern, University of Maryland School of Medicine
Terry Talbot, CVS Caremark
Arti Varanasi, Advancing Synergy
Joe Warren, Johns Hopkins Hospital and School of Medicine

Teresa Zent, American Heart and Stroke Association

Staff

David Sharp, MHCC

Sarah Orth, MHCC

Meeting Dates

March 7, March 14, March 21, April 2, April 7, April 9, April 18, April 22, April 29, April 30,
May 8, May 14, June 2, June 17, June 23, July 21, and July 22

Appendix B: Healthiest Maryland Participants and Regions¹³

	Company	County	Industry
1	A&G Pharmaceutical Inc.	Howard County	Health Care and Social Assistance
2	ACM Chesapeake, LLC	Talbot County	Information
3	ACT Personnel Service, Inc.	Allegany County	Professional, Scientific, and Technical Services
4	Adventist Healthcare	Montgomery County	Health Care and Social Assistance
5	AES Warrior Run	Allegany County	Manufacturing
6	Aetna	State-wide	Finance and Insurance
7	AF Whitsitt Center / Kent County Behavioral Health	Kent County	Health Care and Social Assistance
8	Allegeant Accountable Care Solutions	Baltimore County	Health Care and Social Assistance
9	Alliance Benefits & Compensation LLC	Howard County	Finance and Insurance
10	Alliant Tech Systems	Allegany County	Manufacturing
11	American Diabetes Association Maryland Office	Baltimore City	Health Care and Social Assistance
12	American Speech-Language-Hearing Association	Montgomery County	Nonprofit/Government
13	Anderson, Coe & King, LLP	Baltimore City	Professional, Scientific, and Technical Services
14	Anne Arundel County Government	Anne Arundel County	Public Administration
15	Anne Arundel County Public Library	Anne Arundel County	Nonprofit/Government
16	Anne Arundel County Public Schools	Anne Arundel County	Educational Services
17	Anne Arundel Medical Center	Anne Arundel County	Health Care and Social Assistance
18	AQUA Pools & Spas	Talbot County	Other Services (except Public Administration)
19	Aquafit LLC	Kent County	Arts, Entertainment, and Recreation
20	Arc of Howard County	Howard County	Other
21	Arc of Washington County Inc.	Washington County	Health Care and Social Assistance
22	Arrow American Pest and Termite Control	Charles County	Other
23	Athelas Institute, Inc.	Howard County	Human Services
24	Atlantic General Hospital	Worcester County	Health Care and Social

¹³ A Healthiest Maryland Businesses participant is a Maryland employer that has signed on to the initiative. Official enrollment entails completing a commitment letter and/or a brief organizational assessment.

	Company	County	Industry
			Assistance
25	Atlantic/Smith, Cropper & Deeley, LLC	Wicomico County	Finance and Insurance
26	Audacious Inquiry	Howard County	Management of Companies and Enterprises
27	Avery W. Hall Insurance Agency	Wicomico County	Finance and Insurance
28	Ayers/Saint/Gross	Baltimore City	Professional, Scientific, and Technical Services
29	Baltimore Aircoil Company	Howard County	Manufacturing
30	Baltimore City Community College	Baltimore City	Educational Services
31	Baltimore County Public Schools	Baltimore County	Educational Services
32	Be Happy Be Healthy	Charles County	Health Care and Social Assistance
33	BioMarker Strategies	Baltimore City	Professional, Scientific, and Technical Services
34	Bob's BMW Motorcycles	Howard County	Other
35	BOC International	Baltimore County	Health Care and Social Assistance
36	Bon Secours Baltimore Health System	Howard County	Health Care and Social Assistance
37	Brick Bodies / Lynne Brick's	Baltimore County	Arts, Entertainment, and Recreation
38	Brook Lane	Washington County	Health Care and Social Assistance
39	Business Health Services	Baltimore City	Professional, Scientific, and Technical Services
40	Business Suites of Columbia	Howard County	Other
41	Caldwell Manufacturing	Washington County	Manufacturing
42	Calvert County Health Department	Calvert County	Health Care and Social Assistance
43	Calvert Memorial Hospital	Calvert County	Health Care and Social Assistance
44	Calvin B. Taylor Banking Company	Worcester County	Finance and Insurance
45	Cambridge International	Dorchester County	Manufacturing
46	Cambridge Pediatrics	Charles County	Health Care and Social Assistance
47	Camp Tockwogh	Kent County	Arts, Entertainment, and Recreation
48	Canam Steel Corporation	Frederick County	Manufacturing
49	Capitol Cadillac	Prince George's County	Retail Trade
50	CareFirst BlueCross BlueShield	Baltimore County	Finance and Insurance
51	Caroline Center	Caroline County	Health Care and Social Assistance

	Company	County	Industry
52	Caroline County Chamber of Commerce	Caroline County	
53	Caroline County Dept. of Social Services	Caroline County	Health Care and Social Assistance
54	Caroline County Health Department	Caroline County	Health Care and Social Assistance
55	Caroline County Public Schools	Caroline County	Educational Services
56	Carroll Chiropractic & Sports Injury Center	Carroll County	Health Care and Social Assistance
57	Carroll Community College	Carroll County	Educational Services
58	Carroll County Health Department	Carroll County	Health Care and Social Assistance
59	Carroll County Public Schools	Carroll County	Educational Services
60	Carroll Hospital Center	Carroll County	Health Care and Social Assistance
61	Carroll Lutheran Village	Carroll County	Health Care and Social Assistance
62	Cecil County Health Department	Cecil County	Health Care and Social Assistance
63	Center for Children, Inc.	Charles County	Nonprofit/Government
64	Channel Marker	Talbot County	Health Care and Social Assistance
65	Charles County Department of Health	Charles County	Health Care and Social Assistance
66	Charles County Government	Charles County	Government
67	Chesapeake Hearing Centers Inc.	Anne Arundel County	Health Care and Social Assistance
68	Chesapeake Urology Associates	State-wide	Health Care and Social Assistance
69	Chester River Health System	Kent County	Health Care and Social Assistance
70	Child's Garden Learning Center	Howard County	Educational Services
71	Choptank Community Health System	Caroline	Health Care and Social Assistance
72	Choptank Electric Cooperative	Caroline County	Utilities
73	Choptank Transport	Caroline	Transportation and Warehousing
74	Cianbro	Anne Arundel County	Construction
75	City of Annapolis	Anne Arundel County	Nonprofit/Government
76	City of Bowie	Prince George's County	Public Administration
77	City of College Park	Prince George's County	Public Administration
78	City of Cumberland	Allegany County	Public Administration
79	City of Frederick	Frederick County	Public Administration
80	City of Gaithersburg	Montgomery County	Public Administration

	Company	County	Industry
81	City of Greenbelt	Prince George's County	Arts, Entertainment, and Recreation
82	City of Hagerstown	Washington County	Nonprofit/Government
83	City of Rockville	Montgomery County	Public Administration
84	City of Salisbury	Wicomico County	Public Administration
85	City of Taneytown	Carroll County	Public Administration
86	Clear Channel Outdoor	Wicomico County	Other Services (except Public Administration)
87	ClearEdge IT Solutions	Howard County	IT Consulting
88	COLA	Howard County	Professional, Scientific, and Technical Services
89	College of Notre Dame	Baltimore City	Educational Services
90	Commercial Insurance Managers INC	Howard County	Health Care and Social Assistance
91	Community Bank of Tri-County	Charles County	Finance and Insurance
92	Community College of Baltimore County (Dundalk)	Baltimore County	Educational Services
93	Community Counseling & Mentoring Services, Inc.	Prince George's County	Health Care and Social Assistance
94	Corporate Network Services	Montgomery County	Professional, Scientific, and Technical Services
95	Corporate Office Properties Trust	Howard County	Real Estate and Rental and Leasing
96	Crossroads Community, Inc	Queen Anne's County	Health Care and Social Assistance
97	Curves	Kent County	Health Care and Social Assistance
98	David A. Bramble, Inc.	Kent County	Construction
99	David Edward	Baltimore County	Manufacturing
100	Deer's Head Hospital Center	Wicomico County	Health Care and Social Assistance
101	Deutsch & Associates, LLC	Montgomery County	Finance and Insurance
102	Dixon, Valve, and Coupling	Kent County	Manufacturing
103	Doctors Community Hospital	Prince George's County	Health Care and Social Assistance
104	Dorchester County Department of Social Services	Dorchester County	Health Care and Social Assistance
105	Dorchester County Family YMCA	Dorchester County	Health Care and Social Assistance
106	Dorchester County Health Department	Dorchester County	Nonprofit/Government
107	Dynaxis	Montgomery County	Professional, Scientific and Technical Services

	Company	County	Industry
108	Eastern Shore Area Health Education Center	Dorchester County	Educational Services
109	Easton Utilities	Talbot County	Utilities
110	EBC Carpet Services	Prince George's County	Commercial Flooring Cleaning Service
111	Educators Benefit Services	Anne Arundel	Finance and Insurance
112	Elements of Energy.com	Howard County	Health Care and Social Assistance
113	Ellsworth Electric	Washington County	Construction
114	Empowered Living	Howard County	Other
115	Erickson Retirement Communities	State-wide	Real Estate and Rental and Leasing
116	Euler Hermes	Baltimore County	Finance and Insurance
117	Every Body Yoga and Wellness	Queen Anne's County	Other Services (except Public Administration)
118	Fahrney-Keedy Home & Village	Washington County	Nonprofit/Government
119	Forest City - NEBP	Baltimore City	Construction
120	Frederick County Citizens Division	Frederick County	Public Administration
121	Frederick County Health Department	Frederick County	Health Care and Social Assistance
122	Frederick Memorial Hospital	Frederick County	Health Care and Social Assistance
123	Friends Aware	Allegany County	Other Services (except Public Administration)
124	G.1440	Baltimore City and Howard County	Professional, Scientific, and Technical Services
125	Garrett County Memorial Hospital	Garrett County	Health Care and Social Assistance
126	GE Aviation; Middle River Aircraft Systems	Baltimore County	Manufacturing
127	Gentle Family Dentistry	Calvert County	Health Care and Social Assistance
128	George, Miles & Buhr	Wicomico County	Professional, Scientific, and Technical Services
129	Gillespie & Son Inc	Kent County	Manufacturing
130	Gliknik Inc.	Baltimore City	Professional, Scientific, and Technical Services
131	Golds Gym Hagerstown	Washington County	Other
132	Goodwill Industries of the Chesapeake, Inc.	Baltimore City	Other Services (except Public Administration)
133	Grant Thornton	Baltimore City	Finance and Insurance
134	Greater Maryland Medical Center	Baltimore City	Health Care and Social Assistance

	Company	County	Industry
135	Harford Community College	Harford County	Educational Services
136	Harford-Belair Cardiometabolic Health Congress (CMHC)	Baltimore City	Health Care and Social Assistance
137	Harris and Company	Prince George's County	Health Care and Social Assistance
138	Hartley Hall Nursing and Rehabilitation Center	Worcester County	Health Care and Social Assistance
139	HBP Inc.	Washington County	Manufacturing
140	Head Start of Washington County	Washington County	Educational Services
141	Health Care for the Homeless	Baltimore City	Health Care and Social Assistance
142	Healthy Howard, Inc	Howard County	Health Care and Social Assistance
143	Healthy Snacks 4 You, Inc.	Cecil County	Health Care and Social Assistance
144	Heartfelt Shiatsu	Howard County	Health Care and Social Assistance
145	Heron Point of Chestertown	Kent County	Health Care and Social Assistance
146	Hord Coplan Macht, Inc.	Baltimore City	Other Services (except Public Administration)
147	Housing Opportunities Commission of Montgomery County	Montgomery County	Real Estate and Rental and Leasing
148	Howard Community College	Howard County	Educational Services
149	Howard County Chiropractic	Howard County	Health Care and Social Assistance
150	Howard County General Hospital	Howard County	Health Care and Social Assistance
151	Howard County Government	Howard County	Government
152	Howard County Health Department	Howard County	Public Administration
153	Hub Labels Inc.	Washington County	Manufacturing
154	Human Services Programs of Carroll County, Inc.	Carroll County	Health Care and Social Assistance
155	Humanim, Inc.	Howard County	Health Care and Social Assistance
156	Hyatt Regency Chesapeake Bay Golf Resort, Spa & Marina	Dorchester County	Arts, Entertainment, and Recreation
157	iBiquity Digital Corporation	Howard County	Other Services (except Public Administration)
158	iHire, LLC	Frederick County	Other
159	Ikea	Cecil County	Transportation and Warehousing
160	Injured Workers Insurance Fund	Baltimore County	Finance and Insurance
161	Innovative Benefit Solutions LLC	Worcester County	Finance and Insurance

	Company	County	Industry
162	Intelesys Corporation	Howard County	Professional, Scientific, and Technical Services
163	IntelliGenesis LLC	Howard County	Government
164	Interstate Container	Dorchester County	Manufacturing
165	Jazzercise Charlotte Hall	St. Mary's County	Other
166	JBS International	Montgomery County	Professional, Scientific and Technical Services
167	JBS International	Montgomery County	Health Care and Social Assistance
168	Jenkins Block and Associates, PC	Baltimore County	Professional, Scientific, and Technical Services
169	Jerry's Chevrolet Company	Baltimore County	Construction
170	Johns Hopkins Health System / Johns Hopkins Hospital	Baltimore City	Health Care and Social Assistance
171	Jolles Insurance	Howard County	Finance and Insurance
172	Jon S. Frank and Associates	Calvert County	Finance and Insurance
173	Joyous Living	Baltimore County	Health Care and Social Assistance
174	Jubilee Association	Montgomery County	Health Care and Social Assistance
175	K&L Microwave, Inc	Wicomico County	Manufacturing
176	Kaiser Permanente of the Mid-Atlantic States	Montgomery County	Health Care and Social Assistance
177	Keller Stonebraker Insurance	Washington County	Health Care and Social Assistance
178	Kelly & Associates Insurance Group	Baltimore County	Finance and Insurance
179	Kent Athletic and Wellness Center	Kent County	Arts, Entertainment, and Recreation
180	Kent Center Inc	Kent County	Health Care and Social Assistance
181	Kent County Chamber of Commerce	Kent County	Other Services (except Public Administration)
182	Kent County Department of Social Services	Kent County	Health Care and Social Assistance
183	Kent County Health Department	Kent County	Health Care and Social Assistance
184	Kent County Public Schools	Kent County	Educational Services
185	Kent Youth Inc.	Kent County	Other Services (except Public Administration)
186	Konsyl Pharmaceuticals, Inc.	Talbot County	Manufacturing
187	LaMotte Company	Kent County	Manufacturing
188	Liesure Fitness	Montgomery County	Retail Trade

	Company	County	Industry
189	Life Fitness Management	Allegany County	Other Services (except Public Administration)
190	LifeBridge Health	Baltimore City and Baltimore County	Health Care and Social Assistance
191	Lifeguard Wellness	Howard County	Health Care and Social Assistance
192	LK Deal Electric	Charles County	Construction
193	Longevity Studios	Charles County	Professional, Scientific and Technical Services
194	Luke Paper Company	Allegany County	Manufacturing
195	Manual Physical Therapy and Sports Medicine	Baltimore County	Health Care and Social Assistance
196	Marquee Broadcasting (WMDT47ABC, CW, Me-TV)	Wicomico County	Other-Broadcasting
197	Marriott International	Montgomery County	Accommodation and Food Services
198	Maryland Citizens Health Initiative Education Fund Inc.	Baltimore City	Other Services (except Public Administration)
199	Maryland Department of Human Resources	Baltimore City	Nonprofit/Government
200	Maryland Healthy Weighs, LLC	Dorchester County	Health Care and Social Assistance
201	Maryland Hospital Association	Howard County	Health Care and Social Assistance
202	Maryland University of Integrative Health	Howard County	Educational Services
203	McCormick & Company, Inc.	Baltimore County	Manufacturing
204	Medifast, Inc	Baltimore County	Other Services (except Public Administration)
205	MedStar Health, Inc.	Howard County	Health Care and Social Assistance
206	MedStar St. Mary's Hospital	St. Mary's County	Health Care and Social Assistance
207	Mel's Business Systems, Inc	Allegany County	Retail Trade
208	Meritus Health Inc.	Washington County	Health Care and Social Assistance
209	Merkle Response Management Group	Washington County	Other
210	Mettler-Toledo AutoChem, Inc.	Howard County	Professional, Scientific, and Technical Services
211	MidAtlantic Business Group on Health	Prince George's County	Management of Companies and Enterprises
212	Miltec Corporation	Queen Anne's County	Manufacturing
213	Montgomery College	Montgomery County	Educational Services
214	Montgomery County Public Schools	Montgomery County	Educational Services

	Company	County	Industry
215	Mt. Washington Pediatric Hospital	Baltimore City	Health Care and Social Assistance
216	Municipal Employees Credit Union of Baltimore (MECU)	Baltimore City	Finance and Insurance
217	My Transportation	Prince George's County	Transportation and Warehousing
218	National Aquarium	Baltimore City	Arts, Entertainment, and Recreation
219	New Windsor State Bank	Carroll County	Finance and Insurance
220	Nexercise	Montgomery County	Professional, Scientific, and Technical Services
221	NFP/ProBen	Prince George's County	Finance and Insurance
222	Northrop Grumman Corporation	Anne Arundel County	Professional, Scientific, and Technical Services
223	Novartis Pharmaceuticals	Prince George's County	Health Care and Social Assistance
224	Peninsula Cardiology Associates, P.A	Wicomico County	Health Care and Social Assistance
225	Peninsula Regional Medical Center	Wicomico County	Health Care and Social Assistance
226	Perdue Farms	Anne Arundel and Wicomico County	Poultry Processing
227	Pfizer	Prince George's County	Finance and Insurance
228	Pfizer Inc.	Baltimore City	Health Care and Social Assistance
229	Playworks	Baltimore City	Educational Services
230	PNC Bank	State-wide	Finance and Insurance
231	Praxis Engineering	Anne Arundel County	Professional, Scientific, and Technical Services
232	Preston Automotive Group	Caroline	Retail Trade
233	Price Modern LLC	Baltimore City	Retail Trade
234	Prince George's County Government	Prince George's County	Other Services
235	QIAGEN	Montgomery County	Manufacturing
236	Queen Anne's County Chamber of Commerce	Queen Anne's County	Nonprofit/Government
237	Queen Anne's County Department of Health	Queen Anne's County	Health Care and Social Assistance
238	Queen Anne's County Department of Social Services	Queen Anne's County	Government
239	Queen Anne's County Government	Queen Anne's County	Public Administration
240	Queen Anne's County Public Schools	Queen Anne's County	Educational Services
241	Raytheon Solipsys	Howard County	Other
242	RCM&D	Baltimore County	Finance and Insurance

	Company	County	Industry
243	Reliable Contracting Co., Inc	Anne Arundel County	Construction
244	Richard J Princinsky and Associates	Baltimore County	Finance and Insurance
245	RSM McGladrey	Baltimore County	Professional, Scientific, and Technical Services
246	Rummel, Klepper & Kahl LLP (RK&K)	Baltimore City	Professional, Scientific, and Technical Services
247	Saint Agnes Hospital	Baltimore City	Health Care and Social Assistance
248	Salisbury University	Wicomico County	Educational Services
249	Salvere Health & Fitness	Howard County	Other Services
250	San Mar Children's Home	Washington County	Nonprofit/Government
251	Saval Foods Corporation	Howard County	Food Service
252	Scott Key Center, Inc.	Frederick County	Other Services (except Public Administration)
253	Shore Bancshares, Inc.	Talbot County	Finance and Insurance
254	Shore Health System	Dorchester County	Health Care and Social Assistance
255	Signature Healthcare at Mallard Bay	Dorchester County	Health Care and Social Assistance
256	Sisk Fulfillment Service, Inc.	Caroline County	Other Services (except Public Administration)
257	SMECO	Charles County	Utilities
258	Spirit Creative Services, Inc.	Anne Arundel County	Arts, Entertainment, and Recreation
259	Sport and Spine Rehab	Prince George's County	Health Care and Social Assistance
260	Sports Automotive	State-wide	Other Services (except Public Administration)
261	St. Mary's County Government	St. Mary's County	Public Administration
262	St. Mary's County Health Department	St. Mary's County	Health Care and Social Assistance
263	St. Mary's Nursing & Rehabilitation Center	St. Mary's County	Health Care and Social Assistance
264	Staples	Washington County	Distribution/ Warehouse
265	State of Maryland	State-wide	Public Administration
266	Stevenson University	Baltimore County	Educational Services
267	Still Sassy	Montgomery County	Other
268	Sysco Eastern Maryland LLC	Somerset County	Transportation and Warehousing
269	Talbot County Department of Social Services	Talbot County	Health Care and Social Assistance
270	Talbot County Health Department	Talbot County	Health Care and Social Assistance

	Company	County	Industry
271	TBC Inc.	Baltimore City	Other Services (except Public Administration)
272	The Aspen Group, Inc.	Baltimore City	Professional, Scientific, and Technical Services
273	The Bank of Delmarva	Wicomico County	Finance and Insurance
274	The College of Southern Maryland	Charles County	Educational Services
275	The Healing Tree Wellness and Detox Spa	Montgomery County	Other Services (except Public Administration)
276	The Henry M. Jackson Foundation for the Advancement of Military Medicine	Montgomery County	Other Services (except Public Administration)
277	The Horizon Foundation	Howard County	Other Services (except Public Administration)
278	The PharmaCareNetwork	Allegany County	Health Care and Social Assistance
279	The Plamondon Companies	Frederick County	Other
280	The Tower Companies	Montgomery County	Real Estate and Rental and Leasing
281	The Wills Group	Charles County	Wholesale Trade
282	Thrasher Engineering	Garrett County	Professional, Scientific, and Technical Services
283	Total Biz Fulfillment, Inc	Garrett County	Transportation and Warehousing
284	Town of Bel Air	Harford County	Nonprofit/Government
285	Town of Bladensburg	Prince George's County	Public Administration
286	Town of Chestertown	Kent County	Public Administration
287	Town of Ocean City	Worcester County	Nonprofit/Government
288	Town of Perryville	Cecil County	Public Administration
289	Town of Snow Hill	Worcester County	Government
290	Town of Williamsport	Washington County	Government
291	Transamerica Life Insurance Company	Baltimore City	Finance and Insurance
292	Trinity Fitness, Inc.	Charles County	Other
293	Turf Valley	Howard County	Food and Beverage
294	Ulman Cancer Fund for Young Adults	Howard County	Other Services (except Public Administration)
295	Union Hospital of Cecil County	Cecil County	Health Care and Social Assistance
296	United Healthcare	State-wide	Finance and Insurance
297	United Way of Calvert County	Calvert County	Nonprofit/Government
298	University of Maryland School of Medicine	Baltimore City	Health Care and Social Assistance
299	University of Maryland, Baltimore	Baltimore City	Educational Services
300	University Physicians, Inc	Baltimore City	Health Care and Social

	Company	County	Industry
			Assistance
301	Upper Chesapeake Health	Harford County	Health Care and Social Assistance
302	Verizon	State-wide	Other Services (except Public Administration)
303	Volvo Group Trucks	Washington County	Manufacturing
304	Wash. Co. Commission on Aging, Inc./Area Agency on Aging	Washington County	Other
305	Washington College	Kent County	Educational Services
306	Washington County Health Department	Washington County	Health Care and Social Assistance
307	Washington County Public Schools	Washington County	Public Administration
308	Waterman's Crab House	Kent County	Other Services (except Public Administration)
309	WellAdvantage	Carroll County	Health Care and Social Assistance
310	Wellsview Cottage	Anne Arundel County	Health Care and Social Assistance
311	West Cecil Health Center	Cecil County	Health Care and Social Assistance
312	Western Maryland Area Health Education Center (AHEC)	Allegany County	Health Care and Social Assistance
313	Western Maryland Health System	Allegany County	Health Care and Social Assistance
314	Wicomico County Health Department	Wicomico County	Health Care and Social Assistance
315	Wicomico County Public Schools	Wicomico County	Government
316	Wicomico Partnership for Families & Children	Wicomico County	Government
317	William Hill Manor	Talbot County	Health Care and Social Assistance
318	Wisp Resort	Garrett County	Arts, Entertainment, and Recreation
319	WKD Karate 4 Girls	Howard County	Other
320	Worcester County Government	Worcester County	Public Administration
321	Worcester County Health Department	Worcester County	Health Care and Social Assistance
322	Work Smart Ergonomics	Baltimore City	Professional, Scientific, and Technical Services
323	Y of Central Maryland	Baltimore County	Health Care and Social Assistance
324	YMCA of the Chesapeake	Caroline	Health Care and Social Assistance

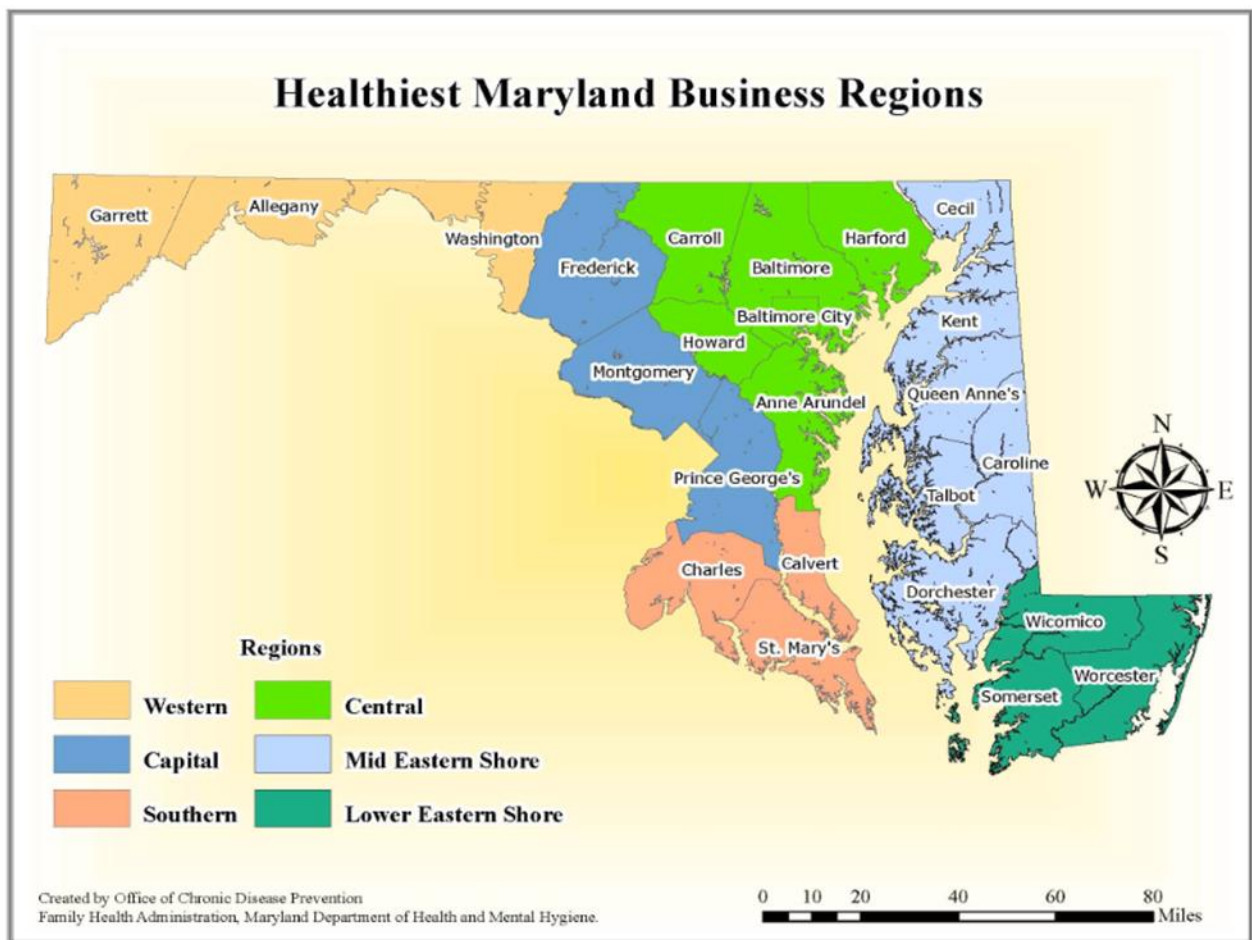
	Company	County	Industry
325	YMCA of the Chesapeake - Salisbury	Wicomico County	Arts, Entertainment, and Recreation

Healthiest Maryland Businesses- Ambassadors¹⁴

	Company:	Industry:
1	Carefirst BlueCross BlueShield	Health Care and Social Assistance
2	Johns Hopkins	Health Care and Social Assistance
3	LifeBridge Health	Health Care and Social Assistance
4	Marriott International	Accommodation and Food Services
5	MedStar Saint Mary's Hospital	Health Care and Social Assistance
6	Perdue Farms	Poultry Processing
7	University of Maryland School of Medicine	Educational Services

¹⁴ A Healthiest Maryland Businesses Ambassador is a member organization of the Health Quality and Cost Council that is responsible for guiding and advising program efforts.

Appendix C: Healthiest Maryland Businesses Regions



Appendix D: Healthiest Maryland Businesses Success Stories



Commitment Creates Culture of Wellness

Husband and wife team Brian and Lisa Jolles are the owners of Jolles Insurance & Financial—and they have a serious commitment to wellness for their own family, their employees, clients and the community.

Loss becomes catalyst for change

Brian Jolles became serious about changing his lifestyle after losing his father in 1998 to heart disease and his oldest brother in 1999 to cancer. He lost 43 pounds and drastically lowered his cholesterol after deciding to get healthy. Wife Lisa shared his passion for healthy living, and together they decided to create a culture of wellness at work. The Jolles' believe that small changes over time could make a big difference in everyone's health status. "Our employees absolutely know that we are passionate about wellness being right at the center of our corporate identity," says Lisa Jolles. "More importantly, they know that we really care about their health."



They started with a company-provided healthy snack bin available to all. Soon, employees were adding their own healthy snacks to the 'No Sin in This Bin' tin. Next, they made a policy to provide healthy meals, snacks and drinks for company and client meetings. Every Friday for the past six years, Brian prepares a healthy breakfast for the staff. Soon, employees began supporting each other in making healthy choices. Vendors learned to bring fruit, not

donuts and bagels. By the end of the first year, employees needed reminding that the occasional cake or cookies is okay. Physical activity is encouraged as well, including walks during lunch. Each employee is given \$250 per year toward a gym membership or other wellness related equivalent.

Leveraging Community Resources

For a small employer, time, money, and human resources are scarce. “The key is leveraging existing community resources and building them into the framework of your wellness plan,” says Brian Jolles. Each year, the Jolles Wellness Team maps out county health fairs and other community-wide opportunities for health and fitness provided by local organizations such as Howard County General Hospital, Howard County Recreation and Parks, Healthy Howard and Get Active Howard County.

Along with fellow employees, the Jolles’ coordinate and participate in a free local community fitness boot camp on Saturday mornings from March through November. Not only has this motivated hundreds of others in the community to get and stay active, but it has become a key resource for the Jolles team to enhance its own employee wellness plan.

“The company builds healthy lifestyle messages right into the physical work space,” explains Brian. “Images on mouse pads urge people to take the stairs. Posters above every desk convey healthy messages. The psychological aspect is just as significant as physical health and nutrition.”

Accolades Add Up

The Company has won three small business wellness innovation awards, more than any other organization in Howard County. One of the more creative ideas earned the Jolles team their last innovation award. In support of the message that is always at the core of their culture—that “you don’t need fancy equipment or a gym to get active,” employees arrived at work one Monday morning to a big surprise. They found signs around the office asking for specific physical activities. Above a chair in the waiting area, next to the copier, even on the bathroom and kitchen doors, employees found instructions. A sign in the kitchen read, “Enter here for lunch, snack or even water, and you owe 10 counter push-ups.” Throughout the day, employees also were seen doing squats, step-ups, and chair dips.

Keeping it Fresh

In May of 2014, to coordinate with changes to the company 401K platform, Brian and Lisa rolled out their newest initiative, Financial Fitness. The tagline for Jolles Insurance & Financial is “For your health and wealth.” As benefits specialists, the Jolles’ understand that the best way to control health care costs is to help people improve and protect their health. According to Brian, over 50 percent of health care costs are attributable to decisions each of us make regarding physical activity, nutrition and mental health. In the long run, the Jolles team is confident that they are leading their employees on a path to protect their health status. But, they also want employees to be financially healthy. This initiative will engage

employees by emphasizing that building and sustaining health and wealth takes time and effort today, but it's worth it for the return on that investment tomorrow.

"The most important return on our investment is employee commitment and passion for their work," says Lisa Jolles. "For a small investment, it makes financial and moral sense to protect and insure our most valuable asset—our employees!"



JBS International, Inc.

A Healthiest Maryland Businesses Success Story



Health Fair Builds Enthusiasm

June 2013 marked the fifth annual JBS Health & Wellness Fair for employees at their North Bethesda headquarters. The purpose of the fair is twofold—to educate employees to be better stewards of their health, while also helping to reduce healthcare costs.

Building Excitement

Getting employees excited about the wellness fair and encouraging participation were two challenges faced early on. Each year, the planning team creates a theme for the Fair and conducts a series of lead-up events in the preceding month. The purpose of the theme is to generate interaction and promote participation. For example, one year the theme was 'Walking Works.' Seventy-two JBS staff members registered for the walking program. Each participant received a pedometer and logged in their steps for a period of 10 weeks. The top seven walkers received gift cards. Collectively, participants walked 1,150 miles.

In 2013, the theme was reinforced by a series of health-related lunch and learn sessions. Vendors who participate in the fair are asked to provide interactive events and demonstrations to encourage individual involvement and commitment. Examples include healthy eating demos (with samples!); posture assessments; chair massages; yoga sessions; and health screenings such as vision, blood pressure, and BMI. Employees receive 'reward' incentives for participating in selected activities.

The theming and lead-up events build anticipation and keep each year's fair fresh, interesting and focused on activities that are important to the staff. While popular activities and exhibits are brought back every year, new vendors and displays are sought as well, to provide a range of activities that match with employees' interests.

Multiple Locations: How to include everyone?

One drawback JBS faced was that because the fair is located in their headquarters office, staffs in other offices and those who work remotely were not able to participate. After some consideration, another way was found to offer wellness information to employees at other locations. In 2013, staff voted to select "lunch and learn" presentations on six different health topics from a series called 'Commit to be Fit,' offered by the company's health insurance provider. The informative talks were presented through a web-conferencing service, making them accessible to staff at other locations. This proved to be a popular option that allowed everyone interested to participate.

The fair resulted in the establishment of an employee wellness team (Be Well) in 2011 and the inclusion of the JBS Green Team, created in 2009, in the health fair planning process to reinforce the corporate commitment to sustainable, 'green' practices in all areas of the business.

In February 2012, JBS was named to the Maryland Green Registry, and was one of five businesses to receive the Maryland Green Registry Leadership Award from Lt. Governor Anthony Brown and Environment Secretary Robert Summers. The award recognizes strong commitment to sustainable practices, measurable results and continual improvement. Since then, the Green Team has supported the Be Well Team and the Health & Wellness Fair, and helped foster a culture that supports healthy lifestyle choices throughout the year.

April Brady, Director of Human Resources at JBS, says "Employee feedback has been very positive. One of my favorite comments from last year's fair was 'Every year I learn something new that surprises me.' We've also been successful in leveraging our wellness work in cost savings for JBS and employees. While healthcare costs have risen substantially in recent years, we have been able to manage the increases we see. Providers know we are committed to a healthy work environment and supporting our employees' health efforts—and that matters."



Cambridge Pediatrics

A Healthiest Maryland Businesses Success Story

Cambridge Fit Chicks Get Fit!

How Things Got Started

The move toward workplace wellness at Cambridge Pediatrics began when the practice enrolled in *Work at Health*, a Centers for Disease Control and Prevention (CDC) pilot program to help employers build a workplace health program. A wellness team, 'Cambridge Fit Chicks,' was created, and planning began in earnest.

"We wanted to motivate and inspire our employees to increase their daily activity as a way to improve and maintain good health," explained Valerie Allen, Wellness Coordinator. "But our office is very small considering the size of our staff, so there's no room for exercise equipment or workout sessions."

Valerie checked with local gyms to see if group discounts were available. Fortunately, one local gym was running a half-price enrollment special, but it was the last day of the offer. "Our business owners are very supportive of our wellness program and quickly gave me the consent to enroll everyone that very afternoon!" recalls Valerie.

Once the gym memberships were secured, the next step in planning was to find ideas to motivate the staff. "We read about a company in North Carolina that had implemented a 10-minute daily challenge, and thought it would be a great idea to issue a daily activity challenge of our own—centering it around our gym memberships and their available exercise equipment.

We wanted to encourage employees to try each of the suggested machines at the gym in order to strengthen targeted areas of the body," said Valerie. Challenge activities were planned for the first four weeks. In addition to gym activities, yoga, outdoor walks, and cranking up music and dancing at home were suggested.

A spreadsheet was created for employees to record their daily activities. The wellness team agreed that each 10 minutes of daily activity would earn one point. In addition, in order to meet the challenges, employees were required to attend the gym for workout sessions at least twice each week, or a total of eight times per month. Those who did not meet this requirement would lose the free gym membership.

Building Enthusiasm With Incentives

The team decided to incentivize by offering a small gift card to each employee who completed the four week challenge successfully. To further motivate employees, the wellness team offered a bonus gift card to the employees with the top three points totals for the challenge time period.

Next, the group decided on rules and created the necessary forms. A sign-up sheet was posted about two weeks before the official kickoff date. Then the wellness program was off and running!

Surveys Provide Insight

The wellness team conducted several surveys of employees to get a better idea of health and wellness needs. With guidance from the *Work at Health* program, the team offered a baseline health risk assessment (HRA) that employees were asked to complete. About 50 percent of employees participated in the HRA, and nearly all employees completed Job Satisfaction and Needs & Interest Surveys.

“Conducting surveys is part of the *Work At Health* program and the CDC provides guidance on this as part of the pilot program,” explained Valerie. Biometric data collection days are scheduled in September and March, which will provide an even more detailed snapshot of employee health.

Healthy Food at Work Is a Hit

Since diet also plays an important role in health, the team implemented a healthy meeting meal policy. “We now have a sampling of healthy recipes at our monthly staff meeting, as well as posted recipes and a variety of health magazines to enrich our company culture in our break area. We also purchased a blender/Nutri-Bullet so that employees can make healthy smoothies or nutritious blasts. This has been really popular—everyone enjoys trying new creations. We’re handing out Dixie cups full of a different smoothie every day.”

Success Is Personal

So far, 50 percent of Cambridge Pediatrics employees have reported an increase in physical activity—half of those are going to the gym, and half are exercising more at home. “It’s definitely been a a health success for me,” said Valerie. “I’ve lost 11 pounds and lowered my blood pressure just in the past two months!”

Appendix E: VBID Letter and Definition



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

November 6, 2014

Carolyn Quattrocki, J.D.
Executive Director
Maryland Health Benefit Exchange

Dear Ms. Quattrocki,

Since 2012, the Maryland Health Quality and Cost Council (Council) has been pursuing value-based insurance design (VBID) as a new strategy for health plan design. The VBID approach aligns consumer incentives and payment strategies with value, and the Council believes that when cost sharing incentives are used in a clinically nuanced manner, VBID improves health care quality and controls spending growth.

The Council encourages the Board to incorporate VBID into plans offered on the Maryland Health Benefits Exchange beginning in calendar year 2016 and beyond.

VBID Definition

In support of this recommendation, the Council has developed a proposed VBID definition for use on the Maryland Health Benefit Exchange. In developing the definition, the Council first brought in experts from the University of Michigan, who prepared a white paper reviewing successful VBID programs and proposed a strategy for the Council's consideration. (Attachment 1).

The paper highlighted a set of policy options for promoting VBID in Maryland. The Council was presented the initial policy options in September 2013 and felt that the options were worthy of detailed consideration by a larger panel. The Council passed a motion to create the VBID Task Force (Task Force) to recommend individual policy options for promoting VBID in both health plans in the Maryland Health Benefits Exchange and self-insured plans.

The Task Force undertook an extensive review process and developed a definition by researching both the literature on VBID and publicly available VBID plans. The Task Force also heard presentations on VBID programs in Maryland and nationwide. The Task Force used this information to develop a definition and presented it to the Council in June 2014. Following public comment and modification, the Council adopted the definition at its September meeting. (Attachment 2)

This recommendation is in line with the legislation authorizing the Maryland Health Benefit Exchange. The Maryland Health Benefit Exchange Act of 2011 requires the Board to explore the feasibility and desirability of engaging in selective contracting with insurers that promote many VBID strategies such as promoting patient-centered medical homes, managing chronic disease, and encouraging healthy consumer lifestyles.

Options for the Exchange

Given this definition, there are several options for the Maryland Health Benefit Exchange board to consider. For example, the Exchange could:

- Simply advise carriers of the definition and encourage them to adopt it for one or more plans;
- Require that at least one plan at each metal level offered meet the VBID definition; or
- Require all plans to meet the VBID definition.

The Council will continue to further define VBID to improve quality and lower costs in Maryland and will keep the Maryland Health Benefit Exchange posted on its progress.

The Council looks forward to presenting on VBID at the November 12th Board meeting and working with the Exchange Board on implementing a VBID strategy in Maryland going forward.

Sincerely,

Joshua Sharfstein, M.D.
Secretary

cc:

Darrell Gaskin, Ph.D

Therese Goldsmith, J.D.

Ben Steffen

Georges Benjamin, M.D.

Jennifer Goldberg, J.D.

Enrique Martinez-Vidal

Attachment 2.

What is a VBID Plan?

VBID plans are built on the principles of engaging your members in their health and well-being, and designing a benefit plan that 1) promotes wellness by emphasizing primary/preventive care; 2) lowers or removes financial barriers, such as cost sharing, to essential, high-value clinical services; and 3) discourages the use of low-value health services and providers through higher cost sharing. VBID plans clearly communicate with their members and provide tools to allow members to use their health plan more effectively and efficiently.

VBID benefits are structured to offer rewards and incentives to members for being well and using the health care system efficiently. By aligning patients' out-of-pocket costs, such as copayments, cost-sharing, and deductibles with the value of services, VBID plans offer incentives to their members for using the health care system efficiently.

A VBID plan would require the following elements:

Incentives

- Incentives to use high-value services that relate to at least three medical conditions. A high-value service is one that provides considerable clinical benefit, relative to the cost;[1]

Health and Wellness

- At least three health and wellness incentives available to all plan members. Incentives may include evidence-based disease management programs, health assessments, biometric screenings, tobacco cessation, weight management programs, and other health behavior programs (e.g. Million Hearts); and

Disincentives

- Disincentives to discourage at low-value or unproven services for at least three medical conditions (at least one service per condition). A low-value or unproven service is one that does not provide substantial health benefit relative to the cost.[2]

All incentives and disincentives must be evidenced-based, supported by professional organizations, and affect a meaningful number of members when implemented.

The mandated preventative benefits covered under the Affordable Care Act will not be considered high-value services.

[1] Fendrick, A.M., Smith, D.G., and Chernew, M.E. Applying Value-Based Insurance Design to Low-Value Health Services. *Health Affairs* November 2010 29(11): 2018.

[2] Ibid.